

Property Damage Claim Form

Suggestion : To be completed this claim form and returned to our head office with other documents

1. Details of claimant : Insured Beneficiary Other.....

Name-Surname..... Policy Number.....

Passport no./ID card no.....Nationality.....Date of birth.....

Address for connection.....

Telephone or Mobile phone.....Fax. Number.....

Occupation and job description.....Email-Address.....

2. Details of loss : Loss Date...../...../..... Time : at.....AM / PM

Place of loss :

Cause of loss :

Nature and extent of loss :

3. Details of loss or damage

Item	Details	Amounts of loss	Condition of loss	Period of used (Years)	Expense or Price	Amounts of Recovery

Total amounts of recovery.....Bath

4. In case of loss caused by Third party Unknown Doer Known Doer/Name-Surname.....

ID number.....Address.....Telephone.....

Is this accident reported to the policy ? No. Yes (Please attach the police report)

5. In case of loss caused by vehicle : Type of vehicle.....Brand.....Vehicle License.....

Dose the vehicle has insurance ? No. Yes (Name of Insurer Company).....Policy Number.....

Drive or owner name.....Address.....

6. Others insurance / other coverage No. Yes

Name of Insurance Company / other coverage.....Policy Number.....

I warrant that the above details and particulars are correct and complete. I further declare that there damaged property Mentioned above only. Therefore, I sign my signature for evidence.

Signature.....Insured/Claim person

(.....) Date...../...../.....