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|  | INSURER |  |
| POLICY No. |  | BROKER | ABRAXAS Wealth Management |
| INSURED | NAME & OCCUPATION |  |
| IDENTITY NUMBER |  |
| ADDRESS & DAY PHONE NO |  |
| DAMAGE | DATE & TIME OF LOSS/DAMAGE |  |
| WHEN WAS LOSS/DAMAGE DISCOVERED |  |
| PLACE OF LOSSDAMAGE | PLACE WHERE LOSS/DAMAGE OCCURRED |  |
| WERE PREMISES OCCUPIED BY WHOM |  |
| IF NOT OCCUPIEDWHEN LAST OCCUPIED |  |
| PURPOSE OF OCCUPATION |  |
| CAUSE OFLOSS/DAMAGE | DESCRIBE FULLY HOW THE LOSS OR DAMAGE OCCURRED STATING HOW (IF APPLICABLE) ENTRY WAS GAINED TO THE PREMISES |  |
| IF LOSS OR DAMAGE CAUSED BY ANOTHER PARTY GIVE NAME AND ADDRESS |  |
| PREVIOUSLOSS/DAMAGE | HAVE YOU PREVIOUSLY SUFFERED A LOSS OR DAMAGE |  |
| IF SO GIVE DETAILS |  |
| IF INSURED PROVIDE NAME OF INSURER |  |
| POLICE | POLICE REFERENCE NO- AND STATION AND DATE REPORTED |  |
| OTHERINTEREST | HAS ANY OTHER PARTY AN INTEREST IN THE INSURED PROPERTY e.g. CREDIT AGREEMENT |  |
| IF SO GIVE NAME AND INTEREST |  |
| OTHERINTEREST | IS THERE ANY OTHER INSURANCE COVERING THIS LOSS OR DAMAGE |  |
| IF SO GIVE NAME OF INSURER |  |
| VALUATION | ESTIMATED TOTAL VALUE OF ALL PROPERTY INSURED UNDER THE POLICY |  |
| WHEN LAST VALUED |  |
| DECLARATION | **I/WE SOLEMNLY DECLARE THAT I/WE HAVE SUFFERED A LOSS OF OR DAMAGE TO THE PROPERTY ENUMERATED ON THE REVERSE HEREOF AND THAT THE SAID PROPERTY WAS IN MY/OUR POSSESSION IMMEDIATELY PRIOR TO THE SAID LOSS/DAMAGE WHICH OCCURRED IN THE CIRCUMSTANCES DESCRIBED ABOVE** |
|  |
| INSURED SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CAPACITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED**N.B. CLAIMS IN RESPECT OF DAMAGE TO BUILDINGS MUST BE ACCOMPANIED BY A BUILDERS ESTIMATE. | AMOUNT CLAIMED |  |
| DEDUCTION FOR WEAR AND TEAR OR DEPRECIATION (IF APPLICABLE) OR VALUE OF SALVAGE |  |
| CURRENT REPLACEMENTVALUE |  |
| FROM WHOM PURCHASES OR ACQUIRED |  |
| DATE ACQUIRED |  |
| DESCRIPTION OF PROPERTY |  |
| NUMBER |  |