HARMONY GENERAL
INSURANCE COMPANY LTD.

Claim No. _____

Policy No. _____

LOSS OR DAMAGE CLAIM

Renewal Date / /
DD MM YY

Name:	
Address:	
Occupation:	Telephone:

All Policyholders are requested to complete
Please give/confirm instructions on my behalf (where appropriate for the repair of the property/vehicle which is the subject of or included in this claim)

What is the current insured value total of:-
Building(s) $_____
Contents $_____
Specified Items $_____
Date and time occurrence DD MM YY
am/pm on / /

Reported to the Police am/pm on / /
Address of Police Station _____
Where did loss or damage take place? _____
How did loss, damage occur? _____

Name(s)	**Address(es)**	**Are you VAT registered YES NO**
		VAT Status (if partially exempt, add recovery %)
		VAT No.

PARTICULARS OF CLAIM
Notes:
1. **Buildings and contents items** - Where repairs are practicable, the cost of repairs should be inserted in Column 7 and an estimate supplied.
2. **Contents only** - For claims in respect of clothing and household linen, the amount claimed will be Column 5 minus Column 6.
3. **For all other property -**
(a) *Indemnity Policies* - The amount claimed will be Column 5 minus Column 6 unless the item(s) affected is/are less than 5 years old when amount claimed will be Column 4 minus Column 6.
(b) *Replacement Policies* - The amount claimed will be Column 4 minus Column 6.

1. Details of property destroyed/lost or damage	2. Date when bought	3. Original Purchase Price	4. Cost of Replacement	5. Value at the time of loss, less allowance for age/or wear and tear	6. Value of Salvage	7. Amount Claimed
Is the Property insured only by this corporation? Insert Yes or No➔ If 'No' please give details as follows						
Insurer		Policy Number			Sum Insured	

I/We wish to claim under the above numbered policy for the above property which was lost, destroyed or damaged as stated. I/We declare that the property belongs to me/us, my family or servants and that the property is not insured elsewhere except as stated. I/We warrant that it is a true statement and that it does not contain false or exaggerated information.

Signature of Insured _____ Dated _____