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| | INSURER | | |
| | POLICY No. | | BROKER MAJESTIC FINANCIAL SERVICES |
| INSURED | NAME & OCCUPATION | | |
| | IDENTITY NUMBER | | |
| | ADDRESS & DAY PHONE NO | | |
| DAMAGE | DATE & TIME OF LOSS/DAMAGE | | |
| | WHEN WAS LOSS/DAMAGE DISCOVERED | | |
| PLACE OF LOSS DAMAGE | PLACE WHERE LOSS/DAMAGE OCCURRED | | |
| | WERE PREMISES OCCUPIED BY WHOM | | |
| | IF NOT OCCUPIED WHEN LAST OCCUPIED | | |
| | PURPOSE OF OCCUPATION | | |
| CAUSE OF LOSS/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 | | |
| PREVIOUS LOSS/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 | | |
| OTHER INTEREST | HAS ANY OTHER PARTY AN INTEREST IN THE INSURED PROPERTY e.g. CREDIT AGREEMENT | | |
| | IF SO GIVE NAME AND INTEREST | | |
| OTHER INTEREST | 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 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 _____ | | |

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. CLAIMS IN RESPECT OF DAMAGE TO BUILDINGS MUST BE ACCOMPANIED BY A BUILDERS ESTIMATE.

| NUMBER | DESCRIPTION OF PROPERTY | DATE ACQUIRED | FROM WHOM PURCHASES OR ACQUIRED | CURRENT REPLACEMENT VALUE | DEDUCTION FOR WEAR AND TEAR OR DEPRECIATION (IF APPLICABLE) OR VALUE OF SALVAGE | AMOUNT CLAIMED |
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