

## CLAIM FORM

### PROPERTY LOSS OR DAMAGE

#### INSURED

Name of Insured	
Postal Address	
Registered Address	
Policy Number	
Contact Person's Name	
Contact Phone Number	
Contact E-Mail Address	
VAT Number (If applicable)	

#### INCIDENT

Date of Incident		Date and Time Discovered	
Date and Time Reported		Place of Loss	
Estimated Cost			
Is this incident covered under any other policy of insurance (where applicable)	Yes	No	

#### POLICE

Place where reported			
Date of Reporting		Case Number (if reported)	



**SPECIALIZED INSURANCE COMPANY LIMITED** | Registration Number 50508

+266 2232 0837/ 8 | info@sic.co.ls | www.sic.co.ls

Address | 5th Floor, MGC Park, Corner Pope John Paul II & Mpilo Boulevard, Maseru, Lesotho, 100

Directors | Managing Executive, Mr M Lazaro | Non-Executive, Mrs F Khabo & Mr S Beeton | Chairman, Mr N Letele

## LOSSES CAUSED BY OTHER PARTIES

Name	
Postal Address	
Registered Address	
Contact Phone Number	
Contact E-Mail Address	

## THEFT/BURGLARY/FORCIBLE ENTRY

Is there a working alarm at the insured premises where loss or damage took place?	Yes	No	N/A	
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Alarm activation report attached?	Yes	No	N/A	
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Proof of forcible entry (e.g. repair invoice) attached?	Yes	No	N/A	
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Full description of how entry was gained to the property
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Description of events resulting in loss or damage
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## ITEMS CLAIMED

(Documents must be attached)			
Description of items that are being claimed for	Date replaced	Cost of replacement	Supporting Documents Reference

## DECLARATION

I/ We declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Specialized Insurance Company may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Specialized may use this information, my personal information on record and additional obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto.

Name		Date	
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Capacity	
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Insured Signature	
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