

PROPERTY LOSS/DAMAGE CLAIM FORM

Policy Number																			
VAT Registration Number																			

INSURED	Name																						
	Occupation																						
	Address													(Day) Tel. no.									

LOSS/ DAMAGE OCCURRENCE	Date of breakage	DD	MM	YY	YY	Time of breakage	HH	MM											
	When was loss/damage discovered?																		

LOSS/DAMAGE PLACE	Place where loss/damage occurred																							
	Were premises occupied?												No	☐	If not occupied, when last occupied?						DD	MM	YY	YY
													Yes	☐	If Yes, By whom?									
	Purpose of occupation																							

CAUSES OF LOSS/ DAMAGE	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises																		
	If loss/damage was caused by another party give name and address																		

PREVIOUS LOSS/ DAMAGE	Have you previously suffered a loss/damage?												No	☐	If Yes, Give details					
													Yes	☒						
	If insured, provide name of insurer																			

POLICE	Police Ref. no.									Station Reported									Date reported	DD	MM	YY	YY

OTHER INTEREST	Has any other party have interest in the insured property, eg. Credit Agreement?												No	☐	If so, give name of insurer					
													Yes	☐						

VALUE	When last valued?	DD	MM	YY	YY														
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DECLARATION

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse side hereof and that the said property was in my/our possession immediately prior to said loss/damage which occurred in the circumstances described above. By signing below, I agree and voluntarily consent to Sesiro's processing of the provided Information for the purposes of processing my claim, and I give Sesiro permission to do so, and any personal data (including sensitive personal data) will be processed in accordance with Sesiro's privacy policy available on its website, and I further understand that I am free to withdraw my consent on written notice to Sesiro, on legitimate grounds which are reasonable and compelling. I agree that the Information may be disclosed by Sesiro to third parties, including Sesiro's affiliates, service providers and associates (some of which may be located outside of Botswana).

Insured's Signature: _____

Capacity: _____

DD / MM / YYYY

Date: _____



Plot 50676, Fairgrounds Office Park,
Block D, 3rd Floor, Unit 9



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SCHEDULE OF PROPERTY DAMAGED, LOST OR STOLEN

N.B Claims in respect of damage to buildings must be accompanied by a builder's estimate.

[illegible]