



## PAYMENT DETAILS

Bank					
Branch Name and Code					
Account No					
Account Holder					
Type of Account		Current		Transmission	Savings
Signature of Account Holder					

## WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the above particulars and statement are true and complete and contain all information known to me affecting the details of the claim.

Signature of Policyholder	
Capacity	Date

## CLAIM DETAILS

	Description of Item	Date Acquired	Purchased from	Value	Amount Claimed
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

