

# isg INSURANCE

**BUILDING A BRIDGE TO YOUR FUTURE**

<b>CERTIFICATE NO.</b>	
Name and Occupation	
Address and (Day) Tel. No.	
Date and Time of Loss/Damage	
When was Loss/Damage discovered?	
Place where Loss/Damage occurred	
Were premises occupied?	
By Whom?	
If not occupied, when last occupied?	
Purpose of occupation	
Describe fully how the loss or damage occurred stating how (If applicable) entry was gained to premises.	
If loss/damage caused by another party give name and address.	
Have you previously suffered a Loss/Damage.	
If so, give details.	
If insured, provide name and Insurer.	
Police Ref. No. and Station and date reported.	
Has any other party an Interest in the insured property, e.g. Credit Agreement. If so, give name and Interest.	
Is there any other insurance covering this Loss/Damage? If so, give name of Insurer	
Estimate total value of all the property insured under the policy. When last valued?	
<p>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.</p> <p>I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.</p> <p>On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.</p> <p>I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.</p> <p>I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases.”</p>	
Insured's Signature	Capacity <span style="float: right;">Date</span>