



RENASA
INSURANCE COMPANY LIMITED

CERTIFICATE NO.		
INSURED	Name and Occupation	
	Address and (Day) Tel. No.	
LOSS/DAMAGE OCCURRENCE	Date and Time of Loss/Damage	
	When was Loss/Damage discovered?	
LOSS/DAMAGE PLACE	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 premises.	
	If loss/damage caused by another party give name and address.	
PREVIOUS LOSS/DAMAGE	Have you previously suffered a Loss/Damage.	
	If so, give details.	
	If insured, provide name and Insurer.	
POLICE	Police Ref. 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 INSURANCE	Is there any other insurance covering this Loss/Damage?	
	If so, give name of Insurer	
VALUE	Estimate total value of all the 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.

"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. 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. 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. 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."

Insured's Signature _____ Capacity _____ Date _____

