Certas Direct
Insurance Company

LIST OF PROPERTY

TO BE COMPLETED BY THE INSURED AND/OR THE CLAIMANT

DESCRIPTION				DATE OF PURCHASE	PLACE OF PURCHASE	UNIT PRICE PAID WITHOUT TAX	PROOF INCLUDED Select your choice
No.	NBR	NAME AND MODEL	SERIAL NUMBER				

Name of the Insured and/or the Claimant:

Date

Policy : _____

Damages sustained on : _____

Claims : _____

Page : _____ **of :** _____

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