

Property Loss / Damage Claim Form

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| | | | | |
|---|---|------------------------------|------------------------------|------------------------------|
| 1 | Insurance Broker | | Telephone Facsimile | |
| 2 | Policy Number | | Claim Number | |
| 3 | Insured Name | | | |
| 4 | Contact Person | | Telephone Cellphone | |
| 5 | Risk Address | | | |
| 6 | Date of loss | | Time of loss | |
| 7 | When discovered | | Discovered by whom | |
| 8 | Describe in detail how loss or damage occurred ? | | | |
| | | | | |
| 9 | What protections are in place at the premises ? Please check the box below and answer yes / no next to said box. | | | |
| | Stand Alone Alarm System | Linked Alarm System | Electrified Fencing | Burglar Proofing |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Other <input type="checkbox"/> | | | |
| | If other, please indicate it here.... | | | |
| 10 | Was loss or theft occasioned by the following..... | | | |
| | Forcible & Violent Entry to Premises / Vehicle | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Under Threat Of Violence |
| | | | | <input type="checkbox"/> YES |
| | | | | <input type="checkbox"/> NO |
| 11 | If Theft was out of a vehicle, where was the vehicle parked ? - Where exactly in the vehicle was the equipment stowed ? | | | |
| | | | | |
| 12 | How was access to the Vehicle / Premises gained ? - please provide an invoice for such repair as proof of forced entry. | | | |
| | | | | |
| 13 | Name of S A Police Station where Loss / Theft was reported. | | | |
| 14 | S A Police Case Number & Name of Officer on Duty | | | |
| 15 | Date Loss / Theft was reported to the S A Police | | | |
| 16 | Are you the sole owner of the property which is the subject of this claim? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | If No, give name and address of others Interested | | | |
| 17 | Provide detailed description of Lost / Damaged / Stolen property | | | |
| | | | | |
| 18 | Where the premises occupied at the time of theft / loss / damage ? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | If No, When last occupied ? | | | |
| 19 | Is the property which is the subject of this claim Insured elsewhere ? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | If Yes, provide name of Insurers and policy number .. | | | |
| 20 | Bank Name & Branch | | | |
| | Name Of Bank Account | | | |
| | Bank Account Number | | | |
| | Type Of Bank Account | | | |
| <p>I/We understand that the issue of this form is not an admission of Liability. I/We hereby declare the foregoing particulars to be true in every respect and that I/We have not withheld from the Company any information within my/our knowledge connected with the loss.</p> <p>Insured's Signature _____ Date _____</p> | | | | |

Particulars of the claim

| Description of Property Lost / Damaged / Stolen | Date when Purchased | Purchase Price | Depreciated Value | Value of Salvage | Amount Claimed |
|---|---------------------|----------------|-------------------|------------------|----------------|
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**** Please note that Substantiating / Supporting documents must be provided.

GROSS CLAIM AMOUNT R _____

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