



C & G Underwriting Managers (Pty) Limited
 An Authorized Financial Service Provider – FSP No.30114
 on behalf of Guardrisk Ins Co. Ltd – FSP No. 75
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 Registration No. 2005/037381/07
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PLANT ALL RISKS CLAIM FORM

BROKER BRANCH : _____ **CONTACT NAME :** _____

TELEPHONE NO. : _____ **REFERENCE :** _____

INSURED : _____

POLICY NO : _____

DATE INCIDENT REPORTED : _____

DATE OF LOSS : _____

ESTIMATE OF LOSS _____

1. NATURE OF INSURED’S BUSINESS

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2. DETAILS OF LOSS

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3. DESCRIPTION OF LOSS OR DAMAGED PROPERTY

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4. WHAT IS THE NEW REPLACEMENT VALUE

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5. WAS THE EQUIPMENT

- a) Hired
- b) Owned

6. ESTIMATE OF HIRING FEES

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7. SIGNATURE OF INSURED AND DATE

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