

Property Loss / Damage Claim Form



The only thatch insurance specialists

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1	Insurance Broker	Broker Claim No:	
2	Policy Number		
3	Insured Name		
4	Contact Person	Telephone	Cellphone
5	Risk Address		
6	Date of loss	Time of loss	
7	When discovered	Discovered by	
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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Burglar Proofing		
	<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 ? If No, When last occupied ?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19	Is the property which is the subject of this claim Insured elsewhere ? If Yes, provide name of Insurers and policy number ..	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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>			