

**Burglary / Theft**

**THATCH RISK ACCEPTANCES**

The only thatch insurance specialists

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	Were 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>				
Insured's Signature		Date		

**Particulars of the claim**

Description of Property Lost / Damaged / Stolen	Date when Purchased	Purchase Price	Depreciated Value	Value of Salvage	Amount Claimed
1					
2					
3					
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\*\*\*\* Please note that Substantiating / Supporting documents must be provided.

GROSS CLAIM AMOUNT           R