

CLAIM NO:	
<i>Office use only</i>	

PLEASE DO NOT SIGN ANY BLANK OR PARTIALLY COMPLETED FORMS. ANY LINES THAT ARE NOT APPLICABLE SHOULD BE STRUCK THROUGH OR THE WORDS "NOT APPLICABLE" INSERTED

PROPERTY LOSS / DAMAGE REPORT / CLAIM FORM :EIENDOMSVERLIES /SKADE VERSLAG / EIS VORM

(Buildings / Contents & Glass :Geboue / Inhoud & Glas)

IF THE SPACE ALLOWED IS INADEQUATE, PLEASE EXPAND ON PLAIN PAPER/PAGE 2 AND ATTACH TO CLAIM FORM

Insured	Policy Number			Polisnommer	Versekerde
	Broker/Agent			Makelaar/Agent	
	Company Name/ Surname and Initials			Maatskappy Naam/ Van en Voorletters	
	Physical Address			Fisiese Adres	
		Code/Kode			
	Postal Address			Posadres	
	Telephone Numbers	Business/Besigheid ()		Telefoonnommers	
Home/Tuis ()					
Occupation			Business		
Event	The Event	Date/Datum:	Time/Tyd:	Die Gebeurtenis	Gebeur- tenis
	Discovery	Date/Datum:	Time/Tyd:	Ontdek	
Place of Loss	Address where Loss/Damage occurred			Adres waar die verlies/ skade plaasgevind het	Plek van Verlies
	By whom were premises occupied?			Deur wie was perseel bygewoon	
	If unoccupied when last occupied			Indien nie, wanneer was dit laas bygewoon	
	Purpose of occupation			Rede vir bywoning	
Cause of Loss	Describe fully how the Loss or damage occurred stating how (if applicable) entry was gained to premises.			Beskryf volledig hoe die verlies of skade plaas-gevind het	Oorsaak van Verlies
	If Loss/Damage caused by another party give name and contact details.	Name/Naam: Contact/Kontak:		As verlies/skade deur derde party veroorsaak is, gee naam en kontak nr.	
Previous Loss	Loss/Damage in past three years?	Date/Datum:	Cause/Oorsaak:	Verlies/skade in laaste drie jaar?	Vorige Verlies
	Insurer's Name			Naam van Versekering	
Police	Police Station	Place/Plek:		Polisie Stasie	Polisie
	Date Reported and Case No.	Date/Datum:	Case No./Saak Nr.:	Datum gerapporteer en Saak nr.	
Other Interest	Name any other party with financial interest in the insured property e.g. H-P, Lease, Bond			Naam van enige ander party wat deel het in versekerde eiendom	Ander Finansiering

	If so, give name of Insurer			Gee naam van Versekering	
Other Insurance	Is there any other insurance covering this Loss/ Damage?			Is daar enige ander verskering wat hierdie verlies/skade dek?	Ander Versekering
	If so, give name of Insurer			Gee naam van Versekering	
Value	Estimated value of all the property insured under the policy.	Buildings/Geboue:	Contents/Inhoud:	Wat is die beraming van die eiendom.	Waarde
	When last valued?			Wanneer laas gewaardeur	
Declaration	<p>I/We hereby declare the foregoing particulars to be true in every respect. Ek/Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is.</p> <p>Signature of Insured _____ Capacity _____ Date _____ Versekerde se Handtekening _____ Datum _____ Hoedanigheid _____ Datum _____</p>				Verklaring
STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED / VERLORPE VANLEIENDOM WAT	Amount Claimed/ Bedrag geëis				
Value Waarde					
		NB: PLEASE SUBMIT QUOTATIONS FOR REPAIR, REPLACEMENT OR REINSTATEMENT			

