

CLAIM NO:

Office use only

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 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	Code/Kode		Fisiese Adres	
	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:		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 geraporteer 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 versekering 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 beraaming van die eiendom.	Waarde
	When last valued?			Wanneer laas gewaardeer	
Declaration	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.				Verklaring
	Signature of Insured Versekerde se Handtekening	Capacity Hoedanigheid	Date Datum		

**STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED /
OPGAWE VAN EIENDOM WAT VERLOOR, GESTEEL OF BESKADIG IS**

Number / Getal	Description of Property / Omskrywing van Eiendom	Date Acquired Datum Verkry	From whom purchased or acquired Van wie gekoop or verkry	Value Waarde	Amount Claimed/ Bedrag geëis

NB: PLEASE SUBMIT QUOTATIONS FOR REPAIR, REPLACEMENT OR REINSTATEMENT
HEG ASB: KWOTASIES VIR HERSTEL, VERVANGING OF HERINSTELLING