

JOHANNESBURG
PO Box 31983
Braamfontein
2017
T 0861 488 864
F +27 11 551 8653

PRETORIA
PO Box 12778
Hatfield
0083
T +27 12 424 8760
F +27 12 460 6564

CAPE TOWN
Private Bag X18
Milnerton
7435
T +27 21 526 1600
F +27 21 526 1634

PORT ELIZABETH
PO Box 327819
Greenacres
6045
T +27 41 363 6333
F +27 41 363 7882

DURBAN
PO Box 230
Umhlanga Rocks
4320
T +27 31 584 0450
F +27 31 566 1556



Please indicate the branch where your policy was issued by ticking the appropriate block

Property Loss/Damage Claim Form

Eiendoms Verlies/Skade Eisvorm

Broker/Agent:		Makelaar/Agent:	
Policy No.:		Polis Nr.:	
Insured	Name and Occupation:	Naam en Beroep:	Versekerde
	Address and (Day) Tel. no.:	Adres en (Dag) Tel. nr.:	
	E-mail Address:	E-pos adres:	
Loss/Damage Occurrence	Date and Time of Loss/Damage:	Datum en Tyd van Verlies/Skade:	Verlies/Skade/ Voorval
	When was Loss/Damage Discovered?	Wanneer is Verlies/Skade ontdek?	
Loss/Damage Place	Place where Loss/Damage occurred?	Plek waar verlies/Skade plaasgevind het:	Verlies/Skade Plek
	Were premises occupied? By whom?	Was perseel bewoon? Deur wie?	
	If not occupied, when last occupied?	Indien onbewoon wanneer was dit laas bewoon?	
	Purpose of occupation:	Met watter doel is die perseel gebruik?	
Cause of Loss/ Damage	Describe fully how the loss or Damage occurred stating how (if applicable) entry was gained to premises:	Beskryf volledig hoe die Verlies of Skade plaasgevind het en meld (indien van toepassing) wyse waarop toegang tot die perseel verkry is:	Oorsaak van Verlies/Skade
	If Loss/Damage caused by another party give name and address:	Indien Verlies/Skade deur 'n ander persoon veroorsaak is meld naam en adres:	
Previous Loss/ Damage	Have you previously suffered a Loss/Damage?	Het u vantevore Verlies of Skade gely?	Vorige Verlies/ Skade
	If so, give details:	Indien wel, verskaf besonderhede:	
	If insured provide name of insurer:	Indien verseker verskaf naam van versekeraar:	
Police	Police Ref. No. and Station and date reported:	Polisie Verw. Nr. en stasie en datum gerapporteer:	Polisie
Other Interest	Has any other party an interest in the insured property, eg. Credit agreement?	Het enige ander persoon 'n belang in die versekerde eiendom, bv, Kredietooreenkoms:	Ander Belange
	If so, give name and interest:	Indien wel, meld naam en belang:	
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:	Indien wel, meld naam van Versekerer	
Value	Estimate total value of all the property insured under the policy:	Beraamde totale waarde van al die eiendom verseker onder die polis:	Waarde
	When last valued?	Wanneer laas is dit gewaardeer?	
Authority of Payment	<p>It is recommended that any amount payable to you be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please provide the following information:</p> <p>Dit word aanveveel dat enige bedrag regstreeks aan u betaalbaar, vir spoedige uitbetaling en om veiligheidsredes, deur middel van Elektroniese Bankoordrag na u rekening oorgeplaas word. Indien u hiertoe instem, verskaf asseblief dier volgende inligting:</p> <p>NAME OF BANK: _____ BRANCH AND CODE NO.: _____ NAAM VAN BANK: _____ TAK EN KODENOMMER: _____</p> <p>ACCOUNT NO.: _____ REKENINGNOMMER: _____</p> <p>NAME OF ACCOUNT HOLDER: _____ YOUR SIGNATURE: _____ NAAM VAN REKENINGHOUER: _____ U HANDTEKENING: _____</p>		Magtiging vir Uitbetaling
Declaration	<p>I/We solemnly declare that I/we have suffered loss or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.</p> <p>Ek/Ons verklaar plegtig dat ek/ons die verlies of skade aan eiendom, wat agterop beskryf is, gely het en dat genoemde eiendom onmiddelik voor die verlies/skade in my/ons besit was en dat die verlies/skade plaasgevind het as gevolg van die omstandighede heirbo uiteengesit.</p>		Verklaring
	<p>Signature of Insured _____ Capacity _____ Date _____ Versekerde se Handtekening _____ Hoedanigheid _____ Datum _____</p>		

