Property Loss/Damage (Delete sections not applicable)





Cross Country Insurance Consultants (Pty) Ltd Underwritten by Renasa Insurance Company Limited Cross Country is an Authorised Financial Services Provider 39547 Registration Number: 2008/013847/07 | VAT Number: 4020252203

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Property Loss/Damage

Broker/Agent									
Policy Number				Identity number					
Insured									
Insured									
Address and Day Tel No									
		Loss	s/damage	occurrence					
Date and time of loss/da	mage								
When was the loss/dama	ge discovered?								
			Own	ner					
Name				Identity Number					
		L	Loss/dama	ge place					
Place where loss/damage	e occurred								
Were premises occupied									
If not occupied, when las	t occupied?								
Purpose of occupation									
		Сс	ause of Los	ss/damage					
Describe fully how the los	s or damage occu	ırred	ł						
If loss/damage was cause party give name and add									
		Pre	evious Los:	s/damage					
Have you previously suffe	red loss/damage?								
If so, provide details									
If insured, provide name of	of insurer								
Details of stolen accessor	ies. (Please attach	invo	oices). Are th	hese separately insure	ed\$				

Police												
Police station,case number												
Other insurance												
Is there any other insurance of	covering this loss/damage?											
If so, provide name of insurer												
Value												
Estimated total value of all the property insured under the policy												
When last valued?												
Payment method												
You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.												
Name of bank		Branch										
Name of account	Account Number											
Declaration												
I/We declare that I/We have suffered loss of 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.												
I/We hereby declare the foregoing particulars to be true in every respect.												
	Insured signature	Capacity			Date							
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND												

Statement of Property Lost, Stolen or Damaged

N.B. - Claims in respect of damage to buildings must be accompanied by a builder's estimate. Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance.

Please refer to the Consent Clause on the policy schedule for more details in this regard.

Amount Claimed														
Deduction for wear	and tear or depre- ciation or value of salvage													
Value														
From whom purchased or acquired														
Date acquired														
Description of property														
Number														