

Property Loss / Damage CLAIM FORM Eiendomsverlies / Skade EISVORM

INSURER	POLICY NUMBER		POLISNOMMER	VERSEKERAAR
	INSURER		VERSEKERAAR	
INSURED	NAME OF POLICY HOLDER		NAAM VAN POLIS HOUER	VERSEKERDE
	ADDRESS AND (DAY) TEL NO.		ADRES EN (DAG) TEL NR.	
LOSS / DAMAGE OCCURRENCE	DATE AND TIME OF LOSS / DAMAGE		TYD EN DATUM 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 IS 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 THE PREMISES		BESKRYF VOLLEDIG HOE DIE VERLIES / 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 NAMM EN ADRES	
PREVIOUS LOSS / DAMAGE	HAVE YOU PREVIOUSLY SUFFERED A LOSS / DAMAGE?		HET U VANTEVORE VERLIES / 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 GERAPORTEER	POLISIE

OTHER INTEREST	HAS ANY OTHER PARTY AN INTEREST IN THE INSURED PROPERTY E.G. CREDIT AGREEMENT		HET ENIGE ANDER PERSOON 'N BELANG IN DIE VERSEKERDE EIENDOM BV. KREDIETOOREENKOMS	ANDER BELANG
	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 AND INTEREST		INDIEN WEL, MELD NAAM EN BELANG	
VALUE	ESTIMATED TOTAL 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 GEWARDEER?	

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 HIERBO UITEENGESIT.</p>			VERKLAARING
	INSURED'S SIGNATURE VERSEKERDE SE HANDTEKENING	CAPACITY HOEDANIGHEID	DATE DATUM	

- Please note that claims will only be submitted once all the documents have been received.
- Claims need to be submitted within 30 days of the date of loss.

Complete and email to :
nadia@insuredoc.co.za or fax 011 672 0670

Voltooi en e-pos terug aan :
nadia@insuredoc.co.za of faks terug na 011 672 0670