

PROPERTY LOSS CLAIM FORM



BROKER INFORMATION

Broker	Contact person
Contact numbers	
Broker claim number	

INSURED INFORMATION

Policy number	Insured
Occupation	Contact Number

DETAILS OF EVENT

Address where loss occurred
Date of Loss
Date/Time Discovered
Estimated value of Loss
Time of Event
Police Station
Police Case Number
Date Reported to Police
Detailed Description of Event

RISK DETAILS

Were the premises occupied at the time of loss? Yes	No
If not, was the alarm set? Yes	No
Are you the sole owner of the property subject to the claim? Yes	No
If no, please give details of other interested parties	

CPT
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS 4th Floor, Gihon Building, Cnr. Bill Bezuidenhout and Sportica Road, Tygervalley
POSTAL PO Box 5777, Tygervalley, 7536
EMAIL ctnquotes@mua.co.za

DBN
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS 1st Floor Units 5 & 6, Aloe Block, Fairway Green, 3 Abrey Road, Kloof, 3610
POSTAL PO Box 591 Gillitts 3603
EMAIL dbn-quotes@mua.co.za

JHB
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS Ground Floor, Unit 2, Bruton Office Park, 18 Bruton Road, Bryanston
POSTAL PO Box 131152, Bryanston 2021
EMAIL jhbquote@mua.co.za

MUA Insurance Acceptances (Pty) Ltd (Registration number 2008/011925/07) is an authorised Financial Services Provider (FSP No.: 37947) underwriting on behalf of Auto & General Insurance Company Limited (Registration number 1973/016880/06), an authorised Financial Services Provider (FSP No.: 16354).
DIRECTORS V J Hayter C Y Fourie (Managing Director) T Muranda R Farrell **EMAIL** info@mua.co.za **WEB** www.mua.co.za

RISK DETAILS

Is the property subject to the claim insured elsewhere? Yes	No
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If yes, please provide details of insurer and policy number

BANKING DETAILS

Bank Name and Branch

Bank Account Name

Bank Account Number

Bank Account Type

DECLARATION

We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:	
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Signature of Policyholder/Proposer:

Date:

PROPERTY LOSS CLAIM FORM

(Kindly supply supporting documentation e.g. estimates, replacement invoices etc.)

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Amount claimed