

THEFT LOSS, DAMAGE CLAIM FORM



MERX HCV
Merx Underwriting Managers (Pty) Ltd

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Merx HCV is an authorised financial services provider - FSP nr: 42991

Underwritten by:



An Authorised Financial Services Provider (FSP12)

Agency	<input type="text"/>	Policy / Loan Acc. No.	<input type="text"/>	Claim No.	<input type="text"/>
Name of Insured	<input type="text"/>				
Address of Insured	<input type="text"/>				
Business or Occupation	<input type="text"/>				
Telephone: Business	<input type="text"/>	Home	<input type="text"/>	Cell	<input type="text"/>
Email	<input type="text"/>				
Date and Time of loss or damage	At	<input type="text"/>	am/pm	Day of	<input type="text"/>
				20	<input type="text"/>
Address or place where loss or damage occurred	<input type="text"/>				
State precisely how loss or damage occurred	<input type="text"/>				

If loss or damage occurred on a Premises

4. (a) State type of premises eg. Private house, flat, saleshop ect. If outbuilding, type of construction.	<input type="text"/>
(b) Were the premises unoccupied or unfurnished?	<input type="text"/>
(c) For how long (if at all) have the premises been occupied since the policy was effected or renewed?	<input type="text"/>
(d) Were the premises let in whole or in part?	<input type="text"/>
(e) Are you the owner of the premises or a tenant?	<input type="text"/>
(f) If tenant, are you responsible for repairs?	<input type="text"/>
5. (a) Who is the owner of the property for which you are claiming?	<input type="text"/>
(b) Is the property for which you are claiming also insured under another policy, e.g. a policy effected by you or another party or under an All Risk, Baggage, Motor policy, ect? If so, give particulars.	<input type="text"/>
(c) Has any other person any interest in the property as Owner, Mortgagee, Trustee, Hire Purchase or otherwise?	<input type="text"/>
6. Have you given instructions for replacement or repair? If so, give name and address of repairer or contractor.	<input type="text"/>
7. Have you ever before sustained loss or damage of this nature? If so, please give details.	<input type="text"/>
8. What is the estimated present day totalvalue of all the property insured by the above numbered policy?	<input type="text"/>

Complete only where lost or stolen

9. (a) When where the police notified and what at station?	<input type="text"/>
(b) Name of the person who contacted the police.	<input type="text"/>
(c) Police Reference Number	<input type="text"/>
(d) If Burglary/Theft describe method of entry	<input type="text"/>
(e) If there is no evidence of Theft or of a forcible entry of the premises, has a thorough search been made for the articles missing?	<input type="text"/>
(f) If premises unoccupied, at what time and when were they last occupied?	<input type="text"/>

Official use only

Policy Cover	<input type="text"/>	Sum Insured	<input type="text"/>
Taken Out	<input type="text"/>	In Force To	<input type="text"/>
Premium	<input type="text"/>	Premium Paid	<input type="text"/>
		Estimate	<input type="text"/>

Please Note:

- A) The policy is a contract of INDEMNITY and subject to the Sums Insured under the policy, all claims must be based upon the annual value of the insured property at the time of the Theft, Loss, Damage, or Breakage (allowing for any depreciation, wear and tear), unless the basis of claim settlement as in policy, or clause(s) incorporated therein, permits or stipulates otherwise.
- B) The issue of this form is not an admission of liability on the part of the Company.

Complete the appropriate sections

BUILDINGS, FIXTURES AND FITTINGS, AND/OR BREAKAGE OF SANITARY FIXTURES (Estimate Required)

Description of property destroyed or damaged	Approx. Age	Estimated cost of repairs	Amount claimed

STOCK, CONTENTS, AND/OR PERSONAL EFFECTS

Household Goods - If articles can be replaced, repairers' estimate should be furnished.
 Trade Stocks - Invoice prices and discounts and the value of the salvage should be stated.
 Salvage - Must be protected from deterioration until the claim is settled.

Description of item	Place and Date of purchase	Price Paid	Estimated Cost of Repair	Replacement cost if not repairable	Deduction for wear and tear if applicable	Amount Claimed (allowing for any salvage)

BUILDINGS, FIXTURES AND FITTINGS, AND/OR BREAKAGE OF SANITARY FIXTURES (Estimate Required)

Number of panes	Position	Is glass in a conservatory, greenhouse, verandah or outbuilding	Description of glass broken	Size cm		Whether cracked or smashed and whether any salvage
				Height	Width	

LOSS OF MONEY

Cash	Cheques	Postal or Money Orders	Amount claimed

I/We declare that the statements overleaf are true to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the property mentioned. I/We further declare that my/our policy conditions have been fully complied with.

Date _____

Signature of Claimant(s) _____