



Property Loss / Damage Claim Form Eiendoms Verlies / Skade Eisvorm

Please return fully completed form to your broker
Stuur asseblief voltooide vorm terug aan jou makelaar



SINCE
87

BROKER:
MAKELAAR:

POLICY NO:
POLIS NR:

CLAIM NO:
EIS NR:

For the timeous processing of your claim please provide the following:

- Completed claim form
- One quotation
- Police report in case of theft
- Photographs of the damage
- Proof of ownership (receipts, photographs of items, original purchase invoice etc)

Vir die spoedige verwerking van u eis, verskaf asseblief die volgende:

- Voltooide eisvorm
- Een kwotasie
- Polisieverlag in geval van inbraak
- Fotos van die skade
- Bewys van eienaarskap (kwitansies, foto's van items, oorspronklike aankoopfaktuur ens)

INSURED

VERSEKERDE

Name:
Naam:

ID no or company registration no:
ID nr of maatskappy registrasie nr:

Occupation or type of business:
Beroep of tipe besigheid:

Postal address:
Posadres:

Telephone no:
Telefoon nr:

Cell phone:
Selfoon:

E-mail:
E-pos:

DETAILS OF LOSS / DAMAGE

BESONDERHEDE VAN VERLIES / SKADE

Date and time of loss / damage:
Datum en tyd van verlies / skade:

When was loss / damage discovered:
Wanneer is verlies / skade ontdek:

Address where loss / damage occurred:
Adres waar verlies / skade plaasgevind het:

Fully describe how the loss / damage occurred:
Beskryf volledig hoe die verlies / skade plaasgevind het:

*If applicable state how entry was gained to premises
Indien van toepassing meld die wyse waarop toegang tot die perseel verkry is*

Is there any other insurance covering this loss / damage? Is daar enige ander versekering wat hierdie verlies / skade dek?	Y/J	N	If yes, with whom? Indien wel, by wie?
Have you previously suffered property loss / damage? Het jy voorheen verlies / skade gely aan eiendom?	Y/J	N	If yes, when? Indien wel, wanneer?

If yes, provide details as well as the name of the insurer:
Indien ja, meld besonderhede van die verlies of skade en versekeraar se naam:

ACCIDENTAL LOSS OR DAMAGE**TOEVALLIGE VERLIES OF SKADE**

If loss / damage was caused by another party, give name, address and contact details:

Indien verlies of skade veroorsaak is deur 'n ander party, meld naam, adres en kontakbesonderhede:

Name: _____ Telephone no: _____
 Naam: _____ Telefoon nr: _____
 Postal address: _____
 Posadres: _____

THEFT OR BURGLARY**DIEFSTAL OF INBRAAK**

Were premises occupied at time of theft / burglary? Y/J N
 Was perseel bewoon ten tye van die diefstal / inbraak? _____

If yes, by whom? _____
 Indien wel, deur wie? _____

If no, when were the premises last occupied? _____
 Indien nie, wanneer was die perseel laas bewoon? _____

Was burglar alarm activated? Y/J N
 Was alarm geaktiveer? _____

Police station: _____
 Polisiestasie: _____

Case ref no: _____ Date reported: _____
 Saaknr: _____ Datum aangemeld: _____ *Date / Datum*

BUILDING / FIXTURES / FITTINGS**GEBOU / TOEBEHORE**

Are you the registered owner of the property? Y/J N
 Is jy die geregistreerde eienaar van die gebou? _____

Is the property bonded? Y/J N
 Is daar 'n verband op die eiendom? _____

Is there hire purchase? Y/J N
 Is daar huurkoop? _____

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED**OPGAWE VAN EIENDOM WAT VERLOOR, GESTEEL OF BESKADIG IS**

Please attach full list with proof of ownership

Heg asseblief volledige lys met bewys van eienaarskap aan

Number Aantal	Description of property Beskrywing van eiendom	Date acquired Datum verkry	From whom purchased or acquired Van wie gekoop of verkry	Amount claimed Bedrag geëis

DECLARATION**VERKLARING**

I / We declare that the information provided in this claim form is true in every respect and the said property was in my / our possession immediately prior to the said loss / damage which occurred. I / we declare that no information has been withheld and that the statements made herein correctly presents my / our loss arising from the above stated occurrence. I / we accept that if I / we exaggerate any part of this claim, or make any false declaration or statement, I / we shall **not** be entitled to receive **any benefit** under this policy in respect of this claim. I / we further agree to provide any further information or documentation as may be reasonably required from our insurer.

Ek / Ons verklaar dat die voorafgaande besonderhede in elke opsig waar is en dat die genoemde eiendom in my / ons besit was voor die verlies / skade plaasgevind het. Ek / Ons waarborg die waarheid van die antwoorde op die bogenoemde vrae. Ek / ons verklaar dat geen inligting verswyg is nie en dat die bedrag geëis my / ons verlies wat uit die genoemde gebeure ontstaan het verteenwoordig. Ek / ons aanvaar dat indien ek / ons enige deel van hierdie eis oordryf, of enige valse / bedrieglike verklaring / inligting verskaf ter ondersteuning van hierdie eis, ek / ons **enige voordeel** onder hierdie polis sal **verbeur**. Ek / ons onderneem om enige verdere inligting en dokumentasie soos versoek deur ons versekeraar, te verskaf.

Name of Insured: _____

Naam van Versekerde: _____

Date: _____

Datum: _____

Signature of Insured: _____

Versekerde se handtekening: _____

This document has been sent electronically and is therefore unsigned / Hierdie dokument is elektronies gestuur en is dus ongeteken

NB It is important to notify insurers immediately when you become aware of any impending prosecution, inquest or demand.

Dit is belangrik om versekeraars onmiddellik in kennis te stel wanneer u bewus word van enige vervolging, nadoodse ondersoek of aanmaning.

If a Company / Close Corporation / Trust:**Maatskappy / Beslote Korporasie / Trust:**Company
MaatskappyClose Corporation
Beslote Korporasie

Trust

Duly authorised hereto by a resolution dated: _____

Behoorlik daartoe gemagtig deur 'n resoluție gedateer: _____

Date / Datum

Copy of resolution to be attached: _____

Afskrif van resoluție moet aangeheg word: _____

Y/J

N

BROKER DECLARATION**MAKELAAR VERKLARING**

I acknowledge and understand that if I complete and sign this claim form on behalf of the Insured, that I am responsible for the accuracy and correctness of the information recorded herein. I declare that the information provided in this claim form is true in every respect and as communicated to me by the insured. I confirm that it has been explained to the insured that if any part of this claim is exaggerated, or any false declaration or statement is made, that the insured shall not be entitled to receive any benefit under the policy in respect of this claim.

Ek erken en verstaan dat indien ek hierdie eïsvorm voltooi en onderteken namens die Versekerde, dat ek verantwoordelik is vir die korrektheid van die inligting hierin vervat. Ek verklaar dat die inligting wat in hierdie eïsvorm vervat word in elke opsig waar is en soos aan my gekommunikeer deur die versekerde. Ek bevestig dat dit aan die versekerde verduidelik is indien enige deel van hierdie eis oordryf is, of enige valse / bedrieglike verklaring / inligting verskaf word ter ondersteuning van hierdie eis, dat die versekerde enige voordeel onder die polis sal verbeur.

Broker: _____

Makelaar: _____

Date: _____

Datum: _____

Signature: _____

Handtekening: _____

