

**PROPERTY LOSS CLAIM FORM**

|        |                      |  |
|--------|----------------------|--|
| BROKER | Broker:              |  |
|        | Broker Contact:      |  |
|        | Contact Numbers:     |  |
|        | Broker Claim Number: |  |

|         |                  |  |
|---------|------------------|--|
| INSURED | Policy Number:   |  |
|         | Insured:         |  |
|         | Occupation:      |  |
|         | Contact Numbers: |  |

|                  |                                |     |
|------------------|--------------------------------|-----|
| DETAILS OF EVENT | Address where loss occurred:   |     |
|                  | Date of Loss:                  |     |
|                  | Date/Time Discovered:          |     |
|                  | Estimated value of Loss:       | R   |
|                  | Time of Event:                 |     |
|                  | Police Station:                |     |
|                  | Police Case Number:            | MAS |
|                  | Date Reported to Police:       |     |
|                  | Detailed Description of Event: |     |

|              |  |  |
|--------------|--|--|
| RISK DETAILS | Were the premises occupied at the time of loss?              |  |
|              | If not, was the alarm set?                                   |  |
|              | Are you the sole owner of the property subject to the claim? |  |
|              | If no, please give details of other interested parties:      |  |
|              | Is the property subject to the claim insured elsewhere?      |  |
|              | 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: |  |           |
|             | Signature of Policyholder/Proposer:   |  | Date: / / |

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Way & Century Avenue Century City  
POSTAL PO Box 84 Century City 7446

DBN  
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Park Westville 3630  
POSTAL PO Box 2725 Westway 3630

JHB  
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