

# PROPERTY LOSS DAMAGE CLAIM FORM

Telephone: (011) 640-3188 Facsimile: (011) 640-6524  
Physical Address: 334 Louis Botha Avenue, Orange Grove, 2192  
Postal Address: P O Box 46293, Orange Grove, 2119



## COVERALL Broker Support

All risks, fire, money, house holders, house owners, burglary, combined, special risks

<b>Agent / Broker:</b>
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Policy no:	Identity no:
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### INSURED

Name:		
Residential address:		Code:
Telephone: (W) (    )	(H) (    )	CELL:
Occupation:		

### LOSS/DAMAGE OCCURRENCE

Date and time of loss / damage:	When was lost / damaged / discovered?
Who discovered the loss?	
Address:	
Code:	
Telephone: (W) (    )	(H) (    )
CELL:	
Address where loss / damage occurred:	
Code:	
Were the premises occupied?	By whom?
If not occupied, when was it last occupied? Date:	Time:
Describe in detail how the loss / damage occurred:	
State how (if applicable) entry was gained to the premises:	
Describe the nature of the precautionary measures to be taken to prevent such losses in future:	



**DECLARATION**

I / We solemnly declare that I / we have suffered loss / damage to the property indicated on this claim form and that this property was in my / our possession immediately before the loss / damage occurred as described above.

\_\_\_\_\_  
Insured's Signature:

\_\_\_\_\_  
Date:

