



The Specialist Insurer



Consultants & Acceptances (Pty) Ltd

Unit 16, First Floor, Block D
Lifestyle Riverfront Office Park
16 Bosbok Road, Randpark Ridge
Tel: 011 791 6602 Fax: 011 791 6361
FSP Number: 4467

CLAIM FORM - GENERAL
ALL RISK, FIRE, MONEY, THEFT, BUILDINGS COMBINED, SPECIAL PERILS
POLICY NUMBER: JHB _____ CLAIM NUMBER: JHB ____/____ CERTIFICATE NUMBER _____
BROKER NAME
THE INSURED
Identity Number
Address & Postal Code
Occupation of Business
Contact Details
Address at which the loss or damage occurred
When did the loss occur?
Describe in full how the loss or damage occurred
Have you previously suffered a loss?
Full Description of previous claims
Were the premises occupied at the time of the loss or damage?

The issue of this form is not an admission of Liability

How were the premises occupied at the time of the loss or damage?		
Was the loss or damage reported to the police?		
If so, when and where?		
SA Police reference number		Police Station
Are you the sole owner of the lost or damaged property?		
If not, give full particulars of the other parties concerned		
What is the estimate of the value of the entire contents at the time of the loss or damage?		R
What is the estimate of the value of the building(s) at the time of the loss or damage?		R
Does the building have a thatch roof?		
Is the lost or damaged property insured under any other policy?		
If so, give full particulars		
<p>I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from above stated occurrence.</p> <p>Signed at on</p> <p>Signature of the insured</p>		

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

NB CLAIMS IN RESPECT OF DAMAGE TO BUILDINGS MUST BE ACCOMPANIED BY A BUILDER'S ESTIMATE

Number	Description of Property	Date Acquired	From whom purchased or acquired	Deduction for wear and tear or value of salvage	Amount Claimed
TOTAL					R

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