

PROPERTY LOSS / DAMAGE CLAIM FORM



Insurer:	Policy No.:	VAT Reg No.:
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Insured

Name & Surname:	
Address:	Identity No.:
	Occupation / Business:
Code:	Phone No.:

Loss / Damage Occurrence

Place where loss / damage occurred:

Were premises occupied? Yes No

If 'YES', by whom?

If 'NO', when last occupied?

Purpose of occupation:

Date of loss:	Time of loss:
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For Salvage and / or Inspection Purposes

If the item was damaged – where is the item currently?

Contact Number:

Cause Of Loss / Damage

Describe fully how the loss / damage occurred stating how (if applicable) entry was gained to premises:

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

Previous Loss / Damage

Have you previously suffered loss / damage?

Yes No

If 'YES', please give details:

If insured, provide name of insurer:

Police

Police station:

Police reference no.:

Date reported: day/month/year

Other Interest

Has any other party an interest in the insured property? (e.g. Credit Agreement)

Yes No

If 'YES', give name and interest:

Other Insurance

Is there any other insurance or medical aid cover covering this loss or damage?

Yes No

If 'YES', give name of Insurer:

Value

Estimate total value of all the property insured under the policy:

When last valued: day/month/year

Payment Method

You may select, for added security, payment of any amount to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of bank:

Branch:

Name of account:

Account no.:

Declaration

I / We hereby declare that I / We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstance described above. I / We hereby warrant that the item/s being claimed for has been reported as well as black listed with the relevant Cellular Service Provider/s. I / We acknowledge that it is a further condition precedent to liability of the Company under this policy that CIB (Pty) Ltd ("CIB") may make an enquiry, where applicable, to the relevant Cellular Service Provider/s or their authorised representatives to obtain information regarding the date and time of the device/s or sim card/s last usage.

Insured's Signature:

Capacity:

Date: day/month/year

