

Administered by:

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121 Bram Fischer Drive, Ferndale, Randburg, 2196

Underwritten by:**Zurich Insurance Company S.A. Limited****Property Loss or Damage Claim Form**

Employee Number		Policy Number		Claim Number	
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1. INSURED					
Title		First names		Surname	
Residential address					
					Postal code
Telephone (work)			Telephone (home)		
Cellular number			e-mail address		
Occupation					

2. LOSS / DAMAGE OCCURRENCE							
Date of loss		Time	H	Date discovered		Time	h
Who discovered the loss? e.g. insured, relative, etc.				Full name			
Address							
Place where loss / damage occurred							
Were the premises occupied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	By whom?				
If not occupied when was it last occupied?							
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 taken to prevent the loss							
Describe the nature of the precautionary measures to be taken to prevent such losses in future							

2. LOSS / DAMAGE OCCURRENCE, cont.					
If loss / damage was caused by another party, state the following					
Title		First names		Surname	
Residential address					
				Postal code	
Telephone (work)				Telephone (home)	
Police reference no.		Police station			Date reported

3. PREVIOUS LOSS / DAMAGE	
Have you suffered any loss / damage before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please supply details	
If you were insured, indicate name of insurer	

4. OTHER INTEREST	
Does any other party have interest in the insured property, e.g. credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state and details	

5. VALUE	
What is your estimate of the total value of the property insured under the policy (with the exclusion of motor vehicles)?	R
When was it last valued?	By whom?

6. OTHER INSURANCE	
Is there any other insurance covering this loss / damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state and name of insurer	
Policy number	Branch office

7. 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.	
Date _____	Insured's signature _____

