

# CLAIM FORM

## PROPERTY DAMAGE & PUBLIC LIABILITY

<b>Gauteng</b> ☎: +27 (0)11 704 3858	<b>Western Cape</b> ☎: +27 (0)21 551 5069	<b>KwaZulu Natal</b> ☎: +27 (0)31 459 1795
Insurance Company: _____		Policy No.: _____
Name of Body Corporate / Shareblock / HOA: Address where loss/damage occurred:  Unit/Section no. where loss/damage occurred Were premises occupied? By whom? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Purpose of occupation: _____  Contact Details Name: _____ Tel No. (day) & Capacity: _____  Date and Time of loss/damage: _____ _____ H _____ Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Trustee <input type="checkbox"/> Mng Agent  When was loss/damage discovered? _____ / _____ / _____ H		
Detailed description of damage to property or of injury to Third Parties or damage to Third Party property		
What caused the loss / damage / injury?		
Loss/damage due to theft or vehicle impact	Case No.: _____	Police Station name: _____ Date reported: _____
If loss/damage caused <b>by</b> another party Name: _____ Address: _____	Tel. no.: _____	
If damage/injury caused <b>to</b> another party Name: _____ Address: _____	Tel. no.: _____	
Have you previously suffered a loss/damage? If so, give details:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____	

If insured provide name of insurer:  
Any other insurance covering this damage?  
If so, give name of insurer:


**Body Corporate Bank Details:**

All claim payments will be made to the Body Corporate bank account.

Account name: _____	Bank: _____	Branch: _____																																										
Account no.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																						Account type: _____	Branch no.: <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																					

**IMPORTANT: This claim form must be signed by at least two of the parties listed below.**

_____	_____	_____
Trustee	Trustee 2 / Managing Agent	Section Owner / Witness
Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____