



Fundamental Investments (Pty) Ltd

5 Autumn Street,
1st Floor, Baobab House, Rivonia
Tel No. +27 11 803 0613
Fax No. 086 524 0783
Licence No: FSP 5683
Medical Schemes Nr: ORG 2320
info@pension.co.za | www.pension.co.za

PROPERTY LOSS DAMAGE CLAIM FORM

COVERALL: BROKER SUPPORT SYSTEMS

Agent / Broker:	Policy No.:	Identity No.:
--------------------	----------------	------------------

INSURED

Name:			
Residential Address:			Code:
Telephone:	Work -	Home -	Cell -
Occupation:		Date of Birth:	

LOSS / DAMAGE OCCURRENCE

Date and time of Loss / damage:		When was lost / damaged discovered?	
Who discovered the loss?			
Address:			
Telephone:	Work -	Home -	Cell -

Address where loss / damage occurred:	
Were the premises Occupied?	By whom?
If not occupied, when was It last occupied?	Date & Time:

Describe in details 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:

If loss / damage was caused by another party, state the following:

Name:

Residential Address:

Telephone:	Work -	Home -	Cell -
------------	--------	--------	--------

Police Case reference Number:	Police Station:	Date Reported:
-------------------------------	-----------------	----------------

PREVIOUS LOSS / DAMAGE

Have you suffered any loss / Damage before?
If so, supply dates and details:

If you were insured, supply Name of insurer:

Policy Number:	Telephone Number:
----------------	-------------------

OTHER INTEREST

Does any other party have interest in the insured property, e.g. credit agreement?

If so, state Name & interest:

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?

OTHER INSURANCE

Is there any other insurance covering this loss / damage?

YES

NO

If so, please give the name of the Insurer:

Policy
Number:

Telephone
Number:

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

LIST 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	Value