



Westwood Insurance Brokers

7 Santoni House
7 Sinembe Crescent
Sinembe Business Park
La Lucia Ridge, 4019
P.O. Box 22006, Glen Ashley, 4022

Property Loss OR Damage Claim Form

Type of Loss:

FIRE	<input type="checkbox"/>	COMB	<input type="checkbox"/>	H/O	<input type="checkbox"/>	H/H	<input type="checkbox"/>	BURG	<input type="checkbox"/>	A/R	<input type="checkbox"/>
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Policy Number:

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PLEASE ANSWER THE FOLLOWING QUESTIONS IN FULL:

Name of Insured:	
I.D. Number:	
Contact Number:	

1.	Address of premises at which the theft / loss / fire / damage occurred.	
2.	Date of alleged theft / loss / fire / damage.	
3.	By whom was it discovered?	
4.	Date incident was discovered.	
5.	Date it was reported to the Police / Fire Brigade?	
6.	Which Police Station / Fire Station?	
7.	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises.	
8.	Was loss or damage caused by another party? If yes, please state.	
9.	Name	
10.	Contact number	
11.	Address	
12.	Were the premises inhabited at the time of the theft / loss / fire / damage?	
13.	If not, when were they last occupied?	
14.	Please explain how the premises were occupied at the time of the theft / loss / fire / damage.	

Westwood Insurance Brokers (Pty) Ltd. An Authorised Financial Services Provider

Chairman: A.M. Coughtrie | Managing Director: A.M. Naidoo | Directors: C. Coughtrie , K. Naidoo

Reg. No.: 2010/015468/07 | VAT No.: 4790255394 | FSP No.: 16726 | BBBEE Status: Level 1

Tel: 031 336 9400
Fax: 031 304 2443
Email: info@wwib.co.za
wwib.co.za



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15.	Do you suspect anyone of the theft or loss?	
16.	Are you the sole owner of the property which is the subject of this claim? If not, provide.	
17.	Name	
18.	Contact Number	
19.	Address	
20.	Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance? If so, please give.	
21.	Name of insurance.	
22.	Policy number.	
23.	Contact number	
24.	What steps are being taken to prevent a recurrence of the loss?	
25.	Please give details of previous losses.	

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PARTICULARS OF THE CLAIM

Description of Property Damaged	Date of Purchase	Cost Price	% Of Depreciation	Depreciated Value of Property at time of Damage	Value of Salvage	*Amount Claimed including VAT
Net Amount Claimed:						R

*If you pay VAT as part of repair or replacement it must be included in the Amount Claimed figures.

I / We understand that the issue of this form is not an admission of liability. I / We declare the foregoing particulars to be true and correct in every respect and that I / We have not withheld from the Company any information within my / our knowledge connected with the loss.

Insured's Signature: _____

Insured's VAT Registration Number (if applicable): _____

Date: _____

AGENT'S REPORT ON CLAIM:

Agency: _____

INSTRUCTIONS REGARDING CLAIMS:

For Buildings:

1. A repairer's estimate giving dimensions and prices of the work required to place the building in the same state of repair as before the damage. No contemplated improvements to be included in the estimate.
2. Amount claimed.

For Furniture, Household Goods, Personal Effects, Stock, Utensils and Implements:

1. List of articles damaged or destroyed.
2. Cost price of each article when bought.
3. Value of each article at the time of damage after deduction for wear and tear or depreciation.
4. Value of salvage.
5. Repairer's estimate if articles can be replaced.
6. Amount claimed.

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