

# PROPERTY LOSS/ DAMAGE CLAIM FORM

This form is required in order to assess a potential claim under a policy of insurance. Issue and completion of this form does not in any way imply, construe or admit liability by the Insurer. Only a fully completed form can receive our further consideration. All claims to be reported to [NotifyClaim@guardrisk.co.za](mailto:NotifyClaim@guardrisk.co.za)

<b>POLICY NUMBER</b>		
<b>INSURED</b>	Name and occupation	
	Physical address	
	Business description	
	Email address	
	Day telephone number	
<b>LOSS/DAMAGE OCCURENCE</b>	Date and time of loss/damage	
	When was loss damage discovered?	
<b>LOSS/DAMAGE PLACE</b>	Place where loss/damage occurred	
	Were premises occupied? By whom?	
	If not occupied, when last occupied?	
	Purpose of occupation	
<b>CAUSE OF LOSS/DAMAGE</b>	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises	
	If loss/damage was caused by another party give names and address	
<b>PREVIOUS LOSS/DAMAGE</b>	Have you previously suffered loss/damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If so, give details	
	If insured, provide name of insurer	
<b>POLICE</b>	Police reference number	
	Police station	
	Date reported	
	Officer name	
<b>OTHER INTEREST</b>	Has any other party an interest in the insured property eg; Credit Agreement? If so, give name and interest	
<b>OTHER INSURANCE</b>	Is there any other insurance covering this loss/damage? If so, give name of insurer	
<b>VALUE</b>	Estimated total value of all the property insured under the policy. When last valued?	
<b>PAYMENT METHOD</b>	<p>You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, account type and account number.</p> <p><b>Name of bank:</b> _____</p> <p><b>Branch:</b> _____</p> <p><b>Name of account holder:</b> _____</p> <p><b>Account number:</b> _____</p>	

## INFORMATION SHARING - CONSENT OF INSURED

### You agree to share your information

1. I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
2. I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me, This is on my own behalf as well as on the behalf of any person I represent in terms of this insurance policy.
3. I acknowledge that the Insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
4. I consent to such information being disclosed to any other insurance company or its agent
5. I acknowledge that the information may be verified against legally recognised sources or database.

## DECLARATION

I/ we hereby declare that I/ we have suffered loss of or damage to the property enumerated on the reserve 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 hereby acknowledge that it is a further condition precedent to liability of the company under this policy that Guardrisk Insurance Company (Pty) Ltd may make an enquiry, where applicable, to the relevant Cellular Service Provider/s or their authorised representatives to obtain further information regarding date and time of the device/s or sim card last usage.

I/ we hereby declare that the afore going particulars to be true in every respect.

Signature of insured .....

Capacity ..... Date .....

**N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.**

# STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

**NB** Please attach Assets Listing and Proof of Purchase

NUMBER	DESCRIPTION OF PROPERTY <i>(Serial and assets number)</i>	DATE ACQUIRED	FROM WHOM PURCHASED OR ACQUIRED	AMOUNT CLAIMED