

BUILDINGS CLAIM FORM			
INSURER		BROKER	
POLICY NUMBER		BROKER CONTACT DETAIL	
		Ngenious Business Solutions (Pty) Ltd	
		011 760 2124	
INSURED	NAME	INSURED CONTACT :	
	BUILDING OCCUPIED AS	INSURED TEL / CEL NR.	
	PHYSICAL ADDRESS	INSURED EMAIL :	
LOSS DETAIL	Date of Loss :	Time of Loss :	
	When was loss discovered ?		
	Was buildings occupied at the time of Loss ?		
	If not occupied, when was building last occupied ?		
	Type of Roof - Pitched / Flat		
	Construction (Material Type) - Iron / Asbestos / Slate / Tile / Concrete / Thatch / Other(Specify)		
DESCRIPTOIN OF CLAIM / LOSS / DAMAGE.	Please described fully how the Loss and / or Damage occurred. If applicable please state how entry/exit was gained into/from the premises / buildings.		
	Please state exactly which part/s of the building / property were damaged. (ie. Items / rooms / floors / roof / walls / ceiling etc.)		
If loss / damage was caused by another party please supply Name, Address and Contact Details of that party and if applicable Vehicle Registration Number .		Vehicle Registration Nr.	
PREVIOUS LOSS / DAMAGE HISTORY	Have you previously suffered a loss ?		
	If YES, please provide details thereof :		
	If Insured, provide Details :		
POLICE DETAILS (If Applicable)	Date Reported	Has any other party an interest in the Insured Property ?	
	Case Number	Name of Party	
	Police Station	Bond / Loan Acc Nr.	
OTHER INSURANCE	Is there any other Insurance policy covering this Loss / Damage ?		
	If YES, please provide Name of Insurer & Policy Number.		
VALUE AT RISK	Estimated Replacement / Rebuilding Costs of Buildings.		
	When was this last valued ? Or the value thereof reviewed ?		
INFORMATION SHARING - CONSENT OF INSURED			
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 provide by another person on my behalf in respect of any insurance policy or claim made or lodged by me. This is one my own behalf as well as on 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 ot its agent.		
5	I acknowledge that the information may be verified against legally recognised sources or database.		

DECLARATION

I / We hereby acknowledge that the insurer may make an enquiry, where applicable, to the South African Crime Bureau or their authorised representatives to obtain any information or detail as being reported on this claim form.

I/We hereby declare that the foregoing particulars to be true in every respect.

Insured Signature		Date (YYYY / MM / DD)	
Capacity		Place	