

PROPERTY LOSS CLAIM FORM			
INSURER			BROKER
POLICY NUMBER			Ngenious Business Solutions (Pty) Ltd
		BROKER CONTACT DETAIL	011 760 2124
INSURED	NAME		INSURED CONTACT :
	OCCUPATION / BUSINESS DESCRIPTION		INSURED TEL / CEL NR.
	ADDRESS		INSURED EMAIL :
LOSS DETAIL	Date of Loss :		Time of Loss :
	When was loss discovered ?		
	Place where loss occurred ?		
DESCRIPTOIN OF CLAIM / LOSS / DAMAGE.	<p>Please describe fully how the Loss and / or Damage occurred. If applicable please state how entry was gained into the premises / buildings.</p>		
If loss / damage was caused by another party please supply Name, Address and Contact Details of that party.			
PREVIOUS LOSS / DAMAGE HISTORY	Have you previously suffered a loss ?		
	If YES, please provide details thereof :		
	If Insured, provide Details :		
POLICE DETAILS	Date Reported		Has any other party an interest in the Insured Property ?
	Case Number		Name of Party
	Police Station		Credit Agreement No.
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 Total Value of ALL the property insured under this policy ?		
	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 or 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 and enquiry, where applicable, to the South African Crime Burea or their authorised representatives to obtain any information or detail as being reported on this claim form.

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

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

STATEMENT OF PROPERTY LOSS / STOLEN / DAMAGED

Number of Items	Date Acquired / Purchased (YYYY / MM / DD)	Description of Item	Supplier	Value	Amount Claimed