

van Flymen & Associates (Pty) Ltd.



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PROPERTY LOSS / DAMAGE CLAIM FORM

	INSURER		INSURER	INTERNAL
	POLICY NO.	CLAIM REF		
INSURED	Name and Occupation			
	VAT Registration No.	E-mail Address		
	Address and (Day) Tel. No.			
	Contact Person			
LOSS/DAMAGE OCCURRENCE	Date and Time of Loss/Damage			
	When was Loss/Damage discovered?			
LOSS/DAMAGE ADDRESS	Address where Loss/Damage occurred.			
	Were premises occupied? By whom?			
	If not occupied when last occupied?			
	Purpose of occupation			
CAUSE OF LOSS/DAMAGE	Describe fully how the Loss or Damage occurred (if applicable state how entry was gained to premises.)			
	Was burglar alarm activated?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Security Company	
	If Loss/Damage caused by another party, (give name and address)			
PREVIOUS LOSS/DAMAGE	Have you previously suffered a Loss/Damage?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Details of insurer. if applicable	
	If so, give details			
POLICE	Police Ref. No. and Station		Date Reported	
OTHER INTEREST	Has any other party an interest in the insured property e.g. Hire purchase or other Credit Agreement?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, give name and interest	
OTHER INSURANCE	Is there any other insurance covering this Loss/Damage?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, give name of Insurer	
VALUE	Value of all property insured under this policy			
AUTHORITY FOR PAYMENT	<p>It is recommended that any amount payable to you direct be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this. Please provide the following information.</p> <p>NAME OF BANK:.....</p> <p>ACCOUNT NO.....</p> <p>NAME OF ACCOUNT HOLDER.....</p> <p>SIGNATURE OF ACCOUNT HOLDER BRANCH AND CODE NO.:.....</p>			
DECLARATION	<p>I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.</p> <p>Insured's Signature Capacity Date</p>			

PLEASE COMPLETE REVERSE SIDE

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

Number	Description	Date Acquired	From whom purchased or acquired	Current replacement value	Deduction for wear and tear or depreciation (if applicable) or value of salvage (Please forward salvage if applicable)	Amount Claimed