



**ATTENTION :**

**CLAIM FORM**

Please complete ALL relevant section and fax back to : 086.517.5937

FIRE, THEFT AND GENERAL

MY REF: \_\_\_\_\_  
CORPORATE SURE CLAIM NUMBER \_\_\_\_\_

The acceptance of this Form is not in itself an admission of liability on the part of the Underwriters.

**INSURERS**

1. Insurance Company

SANTAM

2. Policy Number

BCP or CSR

**POLICY HOLDER**

3. Name of Body Corporate / Shareblock

4. Address of Body Corporate/ Shareblock

5. Name of Owner and contact telephone number

6. Name of person reporting claim and contact telephone number

**DETAILS OF LOSS**

6. A) Date B) Time

7. Place / Unit Number

8. Explain exactly how the loss occurred

A) \_\_\_\_\_ B) \_\_\_\_\_

9. Have you ever sustained loss/damage of a similar nature?

If so, supply brief details.

10. Is there any other Insurance policy in force covering this loss or damage?

If so, supply full details.

11 Have you informed the police?

a) If so, at which station?

b) With what result?

12. What other steps have you taken to effect a recovery?

13. Have maintenance repairs been carried out at the Insured premises as yet? (If Applicable)

**COMPLETE PAGE 2 - AS WELL**

