



Tel: 0861-00-0090
E-mail: claims@keu.co.za
Website: www.keu.co.za

UNDERWRITING MANAGERS

PROPERTY LOSS CLAIM FORM

PLEASE ATTACHED A COPY OF THE FOLLOWING DOCUMENTS WITH THE COMPLETED CLAIM FORM		2 X QUOTES FOR REPAIRS/ REPLACE	
		HIRING AGREEMENT - IF APPLICABLE	
		SECURITY RESPONSE ALARM REPORT	
POLICY NUMBER:		BROKER:	
INSURED NAME:		SHOOT/ EVENT NAME	
OCCUPATION:			
PHISICAL ADDRESS:			
CONTACT NUMBER:		EMAIL	
LOSS / DAMAGE OCCURRENCE:			
DATE LOSS / DAMAGE:	Day / Month / Year	TIME OF LOSS / DAMAGE	<input type="text"/> AM <input type="text"/> PM
WHEN WAS LOSS / DAMAGE DISCOVERED?	Day / Month / Year		
TOTAL ESTIMATED LOSS:	R <input type="text"/>		
LOSS / DAMAGE ADDRESS:			
ADDRESS WHERE LOSS / DAMAGE OCCURRED:	<input type="text"/> <input type="text"/>		
WERE PREMISES OCCUPIED?	YES		NO
BY WHOM?	<input type="text"/>	IF NOT OCCUPIED, WHEN LAST OCCUPIED?	Day / Month / Year
PURPOSE OF OCCUPATION?	<input type="text"/>		
CAUSE OF LOSS / DAMAGE:			
WAS BURGLAR ALARM ACTIVATED?	YES		NO



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DESCRIBE FULLY HOW THE LOSS / DAMAGE OCCURRED. (IF APPLICABLE STATE HOW ENTRY WAS GAINED TO PREMISES)			
IF LOSS / DAMAGE WAS CAUSED BY ANOTHER PARTY, GIVE NAME & ADDRESS			
PREVIOUS LOSS / DAMAGE:			
HAVE YOU PREVIOUSLY SUFFERED A LOSS / DAMAGE?	YES	NO	
IF YES GIVE DETAILS			
IF INSURED, PROVIDE NAME OF INSURER:			
POLICE:			
POLICE REF NUMBER:		STATION:	
DATE REPORTED:		BY WHOM:	
OTHER INTEREST:			
HAS ANY OTHER PARTY AN INTEREST IN THE INSURED PROPERTY, E.G. HIRE PURCHASE OR OTHER CREDIT AGREEMENT?	YES	NO	
IF YES PROVIDE NAME			
INTEREST			
OTHER INSURANCE:			
IS THERE ANY OTHER INSURANCE COVERING THIS LOSS / DAMAGE?	YES	NO	
NAME OF INSURER		POLICY NUMBER	
VALUE:			
ESTIMATED TOTAL VALUE OF ALL PROPERTY INSURED UNDER THE POLICY:	R		



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WHEN WAS LAST VALUED?

Day / Month / Year

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED:

N.B. CLAIMS IN RESPECT OF DAMAGE TO BUILDINGS MUST BE ACCOMPANIED BY A BUILDER'S ESTIMATE

	DESCRIPTION AND SERIAL NUMBER:	DATE ACQUIRED:	FROM WHOM PURCHASE OR ACQUIRED:	CURRENT REPLACEMENT VALUE:	DEDUCTION FOR WEAR AND TEAR OR DEPRECIATION OR VALUE OF SALVAGE:	AMOUNT CLAIMED:
1		Day / Month / Year		R	R	R
2		Day / Month / Year		R	R	R
3		Day / Month / Year		R	R	R
4		Day / Month / Year		R	R	R
5		Day / Month / Year		R	R	R
6		Day / Month / Year		R	R	R
7		Day / Month / Year		R	R	R
8		Day / Month / Year		R	R	R
9		Day / Month / Year		R	R	R

DECLARATION:

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

For further information please read our Private Notice, which can be found on www.centriq.co.za

NAME OF INSURED:

SIGNATURE

DATE:

Day / Month / Year

CAPACITY: