

PROPERTY LOSS CLAIM FORM



Broker information

Broker	Contact person
Contact numbers	
Broker claim number	

Insured information

Policy number	Insured
Occupation	Contact number

Details of event

Address where loss occurred
Date of loss
Date/time discovered
Estimated value of loss
Time of event
Police station
Police case number
Date reported to police
Detailed description of event

Risk details

Were the premises occupied at the time of loss? Yes	No
If not, was the alarm set? Yes	No
Are you the sole owner of the property subject to the claim? Yes	No
If no, please give details of other interested parties	

CPT
PHONE +27 861 682 467 **FAX** +27 864 550 713
ADDRESS 4th Floor, Gihon Building, Cnr. Bill Be-zuidenhout and Sportica Road, Tygervalley, 7530
POSTAL PO Box 5777, Tygervalley, 7536
EMAIL newquotes@mua.co.za

DBN
PHONE +27 861 682 467 **FAX** +27 864 550 713
ADDRESS 1st Floor Units 5 & 6, Aloe Block, Fair-way Green, 3 Abrey Road, Kloof, 3610
POSTAL PO Box 591 Gillitts 3603
EMAIL newquotes@mua.co.za

JHB
PHONE +27 861 682 467 **FAX** +27 864 550 713
ADDRESS Ground Floor, Unit 2, Bruton Office Park, 18 Bruton Road, Bryanston
POSTAL PO Box 131152, Bryanston 2021
EMAIL newquotes@mua.co.za

Risk details

Is the property subject to the claim insured elsewhere? Yes	No
If yes, please provide details of insurer and policy number	

Banking details

Bank name and branch
Bank Account name
Bank account number
Bank account type

Declaration

Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

Signature of Policyholder/Proposer:	Date:
-------------------------------------	-------

