Underwritten/ Administered by
Frontline Underwriters (Pty) Ltd
Vat No. 4350242386
Reg. No. 2008/005015/07
Authorised Financial Service Provider:
– FSP No. 40752

Frontline
UNDERWRITERS (PTY) LTD

PROPERTY LOSS OR DAMAGE CLAIM FORM

INSURED					
POLICY NUMBER:					
NAME:					
ID NUMBER:					
OCCUPATION:					
ADDRESS:					
CONTACT NUMBERS:	(w)		(cell)		
	(h)		(fax)		
E-MAIL:					

OCCURRENCE OF LOSS / DAMAGE	
Date & Time of Loss / Damage:	
When was Loss/Damage **discovered**?	

PLACE OF LOSS / DAMAGE						
Place where Loss / Damage occurred:						
Were premises occupied?	Yes		No		If *yes*, by whom?	
If *no*, when last occupied?			Purpose of occupation:			

CAUSE OF LOSS / DAMAGE	
Describe fully how Loss / Damage occurred & entry gained into premises:	

If Loss / Damage caused by another party, provide name & address:	

PREVIOUS LOSS / DAMAGE				
Have you previously suffered a Loss/ Damage?	Yes		No	
If *yes*, give details:				
If Insured at time provide name of Insurer:				

POLICE REPORT					
Ref. No.:		Station:		Date:	

OTHER INTEREST				
Does any other party have an interest in the insured property, e.g. Credit Agreement?	Yes		No	
If yes, give name and details of interest:				

OTHER INSURANCE				
Is there any other Insurance covering the broken glass?	Yes		No	
If yes, give name of Insurer:				

VALUE			
Estimated total value of all the property insured under the policy		When last evaluated?	

AUTHORITY FOR PAYMENT	
It is recommended that any amount payable to you be transmitted via Electronic Bank Transfer for speedier settlement & for security reasons. If you are agreeable to this please provide the following information:	
BANK NAME:	
ACC. HOLDER:	
ACC. TYPE:	
BRANCH CODE:	
ACC. NUMBER:	

YOUR SIGNATURE:	

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate

Qty:	Description of Property	Date Acquired	Purchased from	Purchase Price	Deduction for Depreciation / Salvage Value	Amount Claimed

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED:

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

Signature of Insured: Capacity: Date: