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Cross Country Insurance Consultants (Pty) Ltd Underwritten by Renasa Insurance Company Limited Cross Country is an Authorised Financial Services Provider 39547 Registration Number: 2008/013847/07 | VAT Number: 4020252203

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		(Delete section	s not applicable)	
Broker/Agent				
Policy Number			Identity number	
		lnsi	Jred	
Insured				
Address and Day Tel No				
		Loss/damag	eoccurrence	
Date and time of loss/dar	mage			
When was the loss/dama	ge discovered?			
		Ow	ner	
Name			Identity Number	
		Loss/dam	age place	
Place where loss/damage				
Were premises occupied? By whom?				
If not occupied, when last occupied?				
Purpose of occupation				
		Cause of La	oss/damage	
Describe fully how the los	s or damage occ		Jas / damage	
		conca		
If loss/damage was cause	ed by another			
party give name and add				

Property Loss and Damage Claim Form

	Previous Loss/damage
Have you previously suffered loss/damage?	
If so, provide details	
If insured, provide name of insurer	
Details of stolen accessories. (Please attach in	voices). Are these separately insured?

Police												
Police station,case number												
Other insurance												
Is there any other insurance of	covering this loss/damage?											
If so, provide name of insurer												
Value												
Estimated total value of all th	ne property insured under the p	policy										
When last valued?												
	Payment	method										
You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.												
Name of bank		Branch										
Name of account		Account Number										
	Decla	ration										
I/We 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.												
I/We hereby declare the foregoing particulars to be true in every respect.												
	Insured signature	Capacity	Date									
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND												

ion with each other regarding domes- ment of risks proposed for insurance. ard.	Deduction for wear Amount Claimed and tear or depre- ciation or value of salvage												
l srs share informati arding the assessi details in this reg	Value a												
Statement of Property Lost, Stolen or Damaged N.B Claims in respect of damage to buildings must be accompanied by a builder's estimate. Insurers share information with each other regarding domes- tic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.	From whom purchased or acquired												
Statement of e to buildings must be accompar w to prevent fraudulent claims ar Please refer to the Consent Claus	Date acquired												
ms in respect of damage to buildings as and claims with a view to prevent Please refer t	Description of property												
N.B Clair tic policie	Number												