

# Claim form

## Property Loss or Damage

**Please write in black ink and use block capital letters.**

- Please return the completed claim form together with any enclosures to your insurance broker or to Chubb at the address shown
- The completion and/or submission of this claim form to us does not constitute an admission of your claim by Chubb Insurance Limited South Africa

### 1. Insured details

Insured:

Policy Number:

Email Address:

Risk Address:

Tel Number:

Fax Number:

Contact Person Name:

### 2. Insurance broker

Insurance Broker:

Contact Person Name:

Email Address:

Postal Address:

Telephone Number:

Cell Number:

### 3. Details of the loss

Date and time of the loss?

When was the loss discovered?

State full circumstances of the loss:

Address where the loss occurred?

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Were the premises occupied at the time of the loss?

Yes

No

If 'Yes' state by whom:

If not occupied state when last occupied:

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Was there forced entry to or exit from?

Yes

No

If 'Yes' provide details:

If forced entry/exit, what evidence can be provided?

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Was the alarm activated?

Yes

No

If 'Yes' state if the security company responded to the alarm activation

Yes

No

Name of the alarm company:

**Please provide a copy of the alarm activation report**

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If a crime related incident, please provide the police case reference number:

If Cell Phone related loss please provide:

ITC/Blacklisting number:

Is this a Company Asset or a Personal Asset?

Is there any other insurance covering this loss/damage?

Does any other party have an interest in the insured property, e.g. Credit Agreement?

#### 4. Declaration

I/We declare that I/We have suffered the loss of or damage to the property as stated in this claim form  
 I/We declare that the said property was in my/our possession immediately prior to the stated loss or  
 I/We agree that the information stated in this claim for is true and correct.

Signature of Insured Representative:

Capacity:

Dated:

#### 5. List of damaged or stolen items being claimed for

Description of item	Number of items	Make & model	Serial number	Place of purchase	Replacement or repair value
<p><b>Lost or stolen items:</b> Please note that proof of original ownership is required on all items lost or stolen.</p> <p><b>Damaged items:</b> Please note that a damage report from an authorised repair company, stating the nature and cause of the damage is required on all items repaired. If the item is uneconomical to repair, the damage report must state this information.</p>					R
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<b>Total</b>					<b>R</b>

Chubb. Insured.<sup>SM</sup>