



# QuanWay Insurance Brokers cc

Authorised Financial Service Provider  
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## PROPERTY LOSS / DAMAGE CLAIM FORM

|        |            |  |
|--------|------------|--|
|        | POLICY NO. |  |
|        | CLAIM NO.  |  |
| BROKER |            |  |

### INSURED

|                     |  |         |  |
|---------------------|--|---------|--|
| Name                |  |         |  |
| Occupation          |  |         |  |
| ID No               |  |         |  |
| VAT Registration No |  |         |  |
| Tel No              |  | Cell No |  |
| Physical Address    |  |         |  |
|                     |  |         |  |
| Postal Address      |  |         |  |
|                     |  |         |  |

### LOSS / DAMAGE OCCURRENCE

|                                    |  |                            |  |
|------------------------------------|--|----------------------------|--|
| Date of loss                       |  | Time of loss               |  |
| Place where loss / damage occurred |  |                            |  |
| Were premises occupied?            |  |                            |  |
| If yes, by whom?                   |  | If no, when last occupied? |  |
| Purpose of occupation              |  |                            |  |

### SALVAGE / INSPECTION DETAILS

|   |  |
|---|--|
| If item was damaged, where is item currently? |  |
| Contact No                                    |  |

### CAUSE OF LOSS / DAMAGE

|   |  |
|---|--|
| Describe fully how the loss / damage occurred stating how (if applicable) entry was gained to premises: |  |
|   |  |
|   |  |
| If loss / damage was caused by another party provide name & address                                     |  |
|   |  |

### PREVIOUS LOSS / DAMAGE

|   |     |  |    |  |
|---|-----|--|----|--|
| Have you previously suffered loss / damage? | Yes |  | No |  |
| If yes, please give details:                |     |  |    |  |
|   |     |  |    |  |
|   |     |  |    |  |
| If insured, name of Insurer                 |     |  |    |  |

**POLICE**

|                |  |               |  |
|----------------|--|---------------|--|
| Police Station |  |               |  |
| Police Ref No. |  | Date reported |  |

**OTHER INTEREST**

|  |  |
|--|--|
| Has any other party an interest in the insured property (e.g. Credit Agreement)? |  |
| If yes, give name and interest   |  |

**OTHER INSURANCE**

|   |  |
|---|--|
| Is there any other insurance or medical aid cover covering this loss or damage? |  |
| If yes, give name of Insurer:   |  |

**VALUE**

|  |  |
|--|--|
| Estimated total value of all the property insured under the policy |  |
| When last valued   |  |

**PAYMENT METHOD**

|  |  |        |  |
|--|--|--------|--|
| You may select, for added security, payment of any amount to you directly into a bank account. |  |        |  |
| Please specify the name of the bank, branch, name of account holder and account number         |  |        |  |
| Name of bank   |  | Branch |  |
| Name of acc.   |  | Acc No |  |

**DECLARATION**

|   |
|---|
| <p>I/we hereby declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above. I/we hereby warrant that the item/s being claimed for has been reported as well as black-listed with the relevant Cellular Service Provider/s. I/we acknowledge that it is a further condition precedent to liability of the Company under this policy that Gencomrisk (Pty) Ltd may make enquiry, where applicable, to the relevant Cellular Service Provider/s or their authorised representatives to obtain information regarding the date and time of the device/s or sim card/s last usage.</p> |
|---|

Signature of Insured \_\_\_\_\_

Capacity \_\_\_\_\_ Date \_\_\_\_\_

