

PROPERTY LOSS CLAIM FORM

Please e-mail to claims@aum.co.za or fax to 0866 812 540

Broker Name		Policy Number		Claim Number	
Important notes to be read before completing this form					

1. Please fill in ALL RELEVANT SECTIONS OF THIS FORM. A fully completed form will help us to deal with your claim more efficiently.
2. The form should be completed in block capitals.
3. If you need more space to answer any of the questions, please use a separate sheet and ATTACH it to this form.
4. Aquarius Underwriting Managers (Pty) Ltd does not admit liability by issuing this form.

Warning - Fraud

A fraudulent claim will result in the loss of all policy benefits and may lead to the instigation of criminal proceedings. Insurers pass Claims and underwriting information to the South African Insurance Association SAIA to be placed on the Information Sharing Database. The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to SAIA.

Details of Policyholder									
Title		First names		Surname					
Residential address									
						Postal code			
Telephone (work)						Telephone (home)			
Cellular number						E-mail address			
Occupation									
Please answer all the following questions									
Date of loss				Time	H	Date discovered			
						Time	h		
Who discovered the loss? e.g. insured, relative, etc.								Full name	
Address									
Place where loss / damage occurred									
Were the premises occupied?		Yes <input type="checkbox"/> No <input type="checkbox"/>		By whom?					
If not occupied when was it last occupied?									
Describe in detail how the loss / damage occurred. State how (if applicable) entry was gained to the premises									
Describe the nature of the precautionary measures taken to prevent the loss									
Describe the nature of the precautionary measures to be taken to prevent such losses in future									

If loss / damage was caused by another party, state the following					
Title		First names		Surname	
Residential address					
				Postal code	
Telephone (work)				Telephone (home)	
Police reference no.		Police station		Date reported	
Previous loss / Damage					
Have you suffered any loss / damage before?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please supply details					
If you were insured, indicate name of insurer					

Other Interest	
Does any other party have interest in the insured property, e.g. credit agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state and details	

Value	
What is your estimate of the total value of the property insured under the policy (with the exclusion of motor vehicles)?	R
When was it last valued?	By whom?

Other Insurance	
Is there any other insurance covering this loss / damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, state and name of insurer	
Policy number	Branch office

Declaration	
I / We solemnly declare that I / we have suffered loss / damage to the property indicated on this claim form and that this property was in my / our possession immediately before the loss / damage occurred as described above.	
Date _____	Insured's signature _____

List of property lost, stolen or damaged				
No.	Description of property	Date acquired	From whom purchased or acquired	Value