



Omnicovert Risk Acceptances (Pty) Ltd

# *PROPERTY LOSS / DAMAGE CLAIM FORM*

*UNDERWRITTEN AND ADMINISTERED BY OMNICOVERT RISK ACCEPTANCES (PTY) LTD*

## INSURED DETAILS

Policy Number: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (Home) \_\_\_\_\_ Work \_\_\_\_\_ Cell: \_\_\_\_\_

## LOSS / DAMAGE OCCURANCE

Date and Time of Loss / Damages: \_\_\_\_\_

When was loss discovered: \_\_\_\_\_

## LOSS / DAMAGE ADDRESS

Address where loss / damage occurred: \_\_\_\_\_

\_\_\_\_\_

Were premises occupied? (YES / NO)

If Yes by whom were they occupied? \_\_\_\_\_

If No, when last occupied? \_\_\_\_\_

Purpose of occupation: \_\_\_\_\_

Tel +27 11 561 3162 fax +27 11 561 3163 PO Box 304 Bedfordview 8000  
Unit 11 & 12 parade on kloof office park, the parade street, oriel, 2007  
Registration number 2007/026277/07  
FSP 21517



Omnicovert Risk Acceptances (Pty) Ltd

### CAUSE OF LOSS / DAMAGE

Describe fully how loss / damage occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If loss / damage caused by another party give name and address: \_\_\_\_\_

\_\_\_\_\_

### PREVIOUS LOSS / DAMAGE

Have you previously suffered a loss / damage? (YES / NO)

If Yes, give details: \_\_\_\_\_

If insured at the time, provide name of insurer: \_\_\_\_\_

### POLICE DETAILS

Police Station reported: \_\_\_\_\_ Police reference number: \_\_\_\_\_

### OTHER INTEREST

Has any other party an interest in the property : (YES / NO)

If yes, give name and interest: \_\_\_\_\_



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## OTHER INSURANCE

Is there any other insurer covering this loss: (YES / NO)

If yes, give name of Insurer: \_\_\_\_\_ Policy Number \_\_\_\_\_

## VALUE

Estimated total value of all property insured: \_\_\_\_\_

When was it last valued: \_\_\_\_\_

## DECLARATION

I/We solemnly declare that I/We have suffered loss of a damage to the property enumerated on the claim form and that the said property was in my/our possession immediately prior to the said loss / damage which occurred in the circumstances described above.

\_\_\_\_\_

**Insured Signature**

**Capacity**

**Date**

## BANKING DETAILS

Bank: \_\_\_\_\_ Branch \_\_\_\_\_ Branch Code: \_\_\_\_\_

Account Number: \_\_\_\_\_ Type of Account: \_\_\_\_\_

Name of Account: \_\_\_\_\_

## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

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No	Description of Property	Date Acquired	Where Purchased	Amount Claimed