

CONTRACT WORKS

CLAIM FORM

Notes:

- a) The acceptance of this form is not in itself and admission of liability
- b) Please complete all questions and return immediately
- c) Preserve all damaged parts and make them available for inspection if required
- d) Additional information may be required

BROKER/AGENT INFORMATION

Broker Name:	FAIS No.				
Branch Name:					
Consort Agency Number:					
Broker Contact Person:					
Tel No.:		Fax No.	E-mail A	ddress:	
INSURED INFOR	MATI	ON			
Proposer's Name :					
Type of Business :					
Postal Address :			Dhysiaal Addres		
Fostal Address .			Physical Addres		
Postal Code :					
Tostal Gode .			Postal Code:		
Contact Person :					
Tel No. :		Fax No.:		Cell No :	
E-mail Address:					
INSURANCE					
Insurance Company:					
Policy Number :					
Policy Holder:					
CONTRACT DESCRIPTION					
Commencement Date of C	Contract:				
Contract No. and Description:					
Contract Value at time of award:		L			

DETAILS OF LOSS

Date :		Т	ime (e.g. 12:00 PM) :	
Place :				
Explain exactly how the loss occurred :				
List of property / materials damaged, lost or stolen		Value of salvage	Amount claimed after all depreciation through we and deduction value of salva	ar and tear
Have you ever lodged an ins	surance claim?	YES/NO		
If YES, please provide detail	s:			
Is there any other insurance	policy covering this los	s/damage? YES/NO		
If YES, please provide detail	s:			
Have you informed the Polic	e?	YES/NO		
if YES : What Police Station ?				
Case Number :				
With What Result ?				
What other steps have you taken to effect a recovery?				

^{*}Wherever possible, please submit a detailed estimate of the repair / replacement costs.

Cupporting	dogumentation	raquirad
Supporting	documentation	required

Material Damage:

- formal assessment for cost of repairs
- copy of signed Contract Conditions
- photographic evidence of damage
- original purchase invoices (materials)

Capacity:

- where a financial institution's interests are noted, confirmation of outstanding settlement

Public Liability:

- Insured's con	nments/report regarding liability	
- Third Party co	ontact details	
- Company:		
- Telephone:		
- Fax:		
- E-mail:		
	any is liable in accordance with the n strict confidence.	est of our knowledge and belief, complete terms of the Policy only. The Company
Date .	Name of authorised signature:	