



Claim Form - Property Loss / Damage Report

Claim number (Office use only)

Insured

Policy number

Broker/Agent

Company Name / Surname and Initials

Address and code

Postal address

Business contact number

Home contact number

Occupation

Event

The Event date

The Event time

Discovery date

Discovery time

Place of loss

Address where Loss/Damage occurred

By whom were premises occupied?

If unoccupied when last occupied

Purpose of occupation

Cause of loss

Describe fully how the Loss or damage occurred stating how (if applicable) entry was gained to premises.

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

Directors D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director) | [Reg. No. 1998/003265/07](#)
[VAT No. 4380178113](#) | An authorised financial services provider, [FSP 5072](#) | Underwritten by Guardrisk Insurance Company Limited
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[Switchboard](#) +27 11 455 5271 | info@hicsa.co.za | www.hicsa.co.za

If Loss/Damage caused by another party give name and contact details

Previous loss

Loss/Damage in past three years? Yes No

Date Cause

Date Cause

Date Cause

Insurer's name

Police

Police Station

Date Reported

Case number

Other interest

Name any other party with financial interest in the insured property e.g. H-P, Lease, Bond

If so, give name of Insurer

Other insurance

Is there any other insurance covering this Loss/ Damage?

If so, give name of Insurer

Value

Estimated value of all the property insured under the policy. Buildings/Geboue: Contents/Inhoud

When last valued?

POPI Consent and Declaration

Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

Date

Capacity

Signature of Insured
