

PROPERTY LOSS/DAMAGE CLAIM FORM

BROKER/AGENT		
POLICY NUMBER		
Insured	Name and occupation Address and (day) telephone number	
Loss/damage occurrence	Date and time of loss/damage When was loss/damage discovered?	
Loss/damage place	Place where loss/damage occurred Were premises occupied? By whom? If not occupied, when last occupied? Purpose of occupation	
Cause of Loss/damage	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises If loss/damage was caused by another party give name and address	
Previous Loss/damage	Have you previously suffered loss/damage? If so, give details If insured, provide name of insurer	
Police	Police reference number and station and date reported	
Other interest	Has any other party an interest in the insured property, e.g. credit agreement? If so, give name and interest	
Other insurance	Is there any other insurance covering this loss/damage? If so, give name of insurer	
Value	Estimated total value of all the property insured under the policy When last valued?	
Payment method	<p>You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.</p> <p>Name of bank <input style="width: 150px;" type="text"/> Branch <input style="width: 150px;" type="text"/></p> <p>Name of account <input style="width: 150px;" type="text"/> Account number <input style="width: 100px;" type="text"/></p>	
Declaration	<p>I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.</p> <p>Insured's signature _____ Capacity _____ Date _____</p>	

I.D Number



GARROUN
GROUP

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. - Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Detection for wear and tear or depreciation or value of salvage	Amount claimed



Contact Directory

Once you have completed your claim form, please send it to your Garrun Group broker directly. Alternatively, you can scan and e-mail the claim form to your broker.

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