

# CLAIM FORM

## PROPERTY DAMAGE & PUBLIC LIABILITY

1 Kelly Road, Bedfordview, 2008	claims@stinsure.co.za	T 010 822 2882	Broker:
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Insurance Company: _____	Policy No.: _____
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Name of Body Corporate / Shareblock / HOA:	_____
Address where loss/damage occurred:	_____
Unit/Section no. where loss/damage occurred	_____
Were premises occupied? By whom?	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Purpose of occupation:	_____
Contact Details Name:	_____
Tel No. (day) & Capacity:	_____ <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Trustee <input type="checkbox"/> Mng Agent
Date and Time of loss/damage:	___ / ___ / ___ H ___
When was loss/damage discovered?	___ / ___ / ___ H ___
Detailed description of damage to property or of injury to Third Parties or damage to Third Party property	_____
What caused the loss / damage / injury?	_____
Loss/damage due to theft or vehicle impact	Case No.: _____ Police Station name: _____ Date reported: _____
If loss/damage caused by another party Name:	_____ Tel. no.: _____
Address:	_____
If damage/injury caused to another party Name:	_____ Tel. no.: _____
Address:	_____
Have you previously suffered a loss/damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, give details:	_____
If insured provide name of insurer:	_____
Any other insurance covering this damage?	_____
If so, give name of insurer:	_____

<b>Body Corporate Bank Details:</b>	All claim payments will be made to the Body Corporate bank account.		
Account name:	Bank: _____	Branch: _____	
Account no.: <input type="text"/>	Account type: _____	Branch no.: <input type="text"/>	

**IMPORTANT: This claim form must be signed by at least two of the parties listed below.**

_____ Trustee	_____ Trustee 2 / Managing Agent	_____ Section Owner / Witness
Name: _____	Name: _____	Name: _____
Date: _____	Date: _____	Date: _____