



**STRATEGIC INSURANCE SYSTEMS**  
UNDERWRITING MANAGERS

**EIENDOMS VERLIES/SKADE EISVORM**

**PROPERTY LOSS/DAMAGE CLAIM FORM**

|                             |                                                                                                                                          |                                            |                                                                                                                     |                         |
|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------|
|                             | <b>Versekeraar</b>                                                                                                                       | <b>MUTUAL &amp; FEDERAL RISK FINANCING</b> | <b>Insurer</b>                                                                                                      |                         |
|                             | MAKELAAR                                                                                                                                 |                                            | BROKER                                                                                                              |                         |
|                             | POLIS NR.                                                                                                                                |                                            | POLICY NO.                                                                                                          |                         |
| Versekerde                  | Naam en Beroep                                                                                                                           |                                            | Name and Occupation                                                                                                 | Insured                 |
|                             | Adres en (Dag) Tel. Nr.                                                                                                                  |                                            | Address and (Day) Tel No.                                                                                           |                         |
|                             |                                                                                                                                          |                                            |                                                                                                                     |                         |
|                             |                                                                                                                                          |                                            |                                                                                                                     |                         |
| Verlies / Skade Vooral      | Tyd en Datum van Verlies / Skade                                                                                                         |                                            | Date and Time of Loss / Damage                                                                                      | Loss/ Damage occurrence |
|                             | Wanneer is Verlies / Skade ontdek?                                                                                                       |                                            | When was Loss / Damage discovered?                                                                                  |                         |
| Verlies / Skade Adres       | Plek waar Verlies / Skade plaasgevind het                                                                                                |                                            | Address where Loss / Damage occurred                                                                                | Loss / Damage Place     |
|                             | Was Perseel bewoon? Deur wie?                                                                                                            |                                            | Were premises occupied? By whom?                                                                                    |                         |
|                             | Indien onbewoon wanneer is dit laas bewoon?                                                                                              |                                            | If not occupied when last occupied?                                                                                 |                         |
|                             | Met watter doel is die perseel gebruik?                                                                                                  |                                            | Purpose of occupation?                                                                                              |                         |
| Oorsaak van Verlies / Skade | Beskryf volledig hoe die Verlies of Skade plaasgevind het en meld (indien van toepassing) wyse waarop toegang tot die perseel verkry is. |                                            | Describe fully how the loss or damage occurred stating. (If applicable state how entry was gained to the premises.) | Cause of Loss/Damage    |
|                             |                                                                                                                                          |                                            |                                                                                                                     |                         |
|                             |                                                                                                                                          |                                            |                                                                                                                     |                         |
|                             |                                                                                                                                          |                                            |                                                                                                                     |                         |
|                             | Indie verlies/Skade deur 'n ander persoon veroorsaak is meld naam en adres.                                                              |                                            | If Loss/Damage caused by another party give name and address.                                                       |                         |
|                             | Was die diefalarm geaktiveer?                                                                                                            |                                            | Was burglar alarm activated?                                                                                        |                         |
| Vorige Verlies Skade        | Het u van tevore verlies of skade gely?                                                                                                  |                                            | Have you previously suffered a Loss / Damage?                                                                       | Previous Loss / Damage  |
|                             | Indien wel verskaf besonderhede                                                                                                          |                                            | If so give details                                                                                                  |                         |
|                             | Indien verseker verskaf naam van Versekeraar                                                                                             |                                            | If insured, provide name of Insurer                                                                                 |                         |
| Polisie                     | Polisie Verwysing / Saak. Nr. Polisie Stasie detail Datum gerapporteer                                                                   |                                            | Police Reference / Case Number, Police Station detail and date reported                                             | Police                  |
| Ander Belang                | Het enige ander persoon 'n belang in die versekerde eiendom, bv, Kredietooreenkoms                                                       |                                            | Has any other party an interest in the insured property, eg. Hire Purchase or other Credit Agreement?               | Other Interest          |
|                             | Indien wel, meld naam en belange                                                                                                         |                                            | If so, give name and Interest                                                                                       |                         |
| Ander versekering           | Is daar enige ander versekering wat hierdie Verlies/Skade dek?                                                                           |                                            | Is there any other insurance covering this Loss/Damage?                                                             | Other Insurance         |

|        |                                                                    |  |                                                                    |       |
|--------|--------------------------------------------------------------------|--|--------------------------------------------------------------------|-------|
|        | Indien wel, meld naam van Versekeraar                              |  | If so, give name of Insurer                                        |       |
| Waarde | Beraamde totale waarde van al die eiendom verseker onder die polis |  | Estimated total value of all the property insured under the policy | Value |
|        | Wanneer laas is dit gewaardeer?                                    |  | When last valued?                                                  |       |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                   |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| <b>DECLARATION</b> | <p>I/We solemnly declare that I/we have suffered a loss of or damage to the property enumerated and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.<br/>         Ek/Ons verklaar plegtig dat ek/ons die verlies of skade van eiendom, wat hier beskryf is, gely het en dat genoemde eiendom onmiddellik voor die verlies/skade in my/ons besit was en dat die verlies/skade plaasgevind het as gevolg van die omstandighede hierbo uiteengesit.</p> | <b>VERKLARING</b> |
|                    | <p>Insured's Signature: ..... Capacity: ..... Date: .....<br/>         Versekerde se Handtekening: ..... Hoedanigheid: ..... Datum: .....</p>                                                                                                                                                                                                                                                                                                                                                                                                      |                   |