

Building Claim Form

1	Surname and initials																
	ID number																
2	Postal address																
												Postcode					
	E-mail address																
3	Tel	(H)				(W)				Cell							
4	Property address																
		Stand no				Suburb											
5	Loan account number							Policy number									
6	Date when loss or damage occurred	D	D	M	M	C	C	Y	Y	Year of construction				C	C	Y	Y
7	Was property vacant? (Yes or No)	YES		NO		If "YES", date when last occupied?				D	D	M	M	C	C	Y	Y
8	At the time of the loss or damage was the building under erection	YES		NO		or being altered?				YES		NO					
9	Describe how the loss or damage occurred																
10	Please state exactly which part(s) of the property were damaged (ie items or rooms affected and whether walls, ceilings, floors, etc)																
11	Type of roof covering																
	[Please tick (✓) the applicable box]																
	1	Pitched:	Iron	Tiles	Slate	Shingles	Thatch	Other – give details									
	2	Flat:	Iron	Tiles	Slate	Shingles	Thatch										
12	Impact (details of person involved)																
	Name of owner/driver								Registration number								
	Address																
13	SAPS details (in the case of impact, housebreaking, theft, etc)				Police station				Case number								
14	Are there any other building insurances in force in respect of the property mentioned? (Yes or No)																
	YES		NO		If "Yes", supply name of insurer and policy number												
15	Arrangements to enter building																

I/We, the insured, under the above numbered policy hereby declare that the particulars supplied above are true in all respects. I hereby acknowledge that this claim form does not constitute a demand in terms of the Prescribed Rate of Interest Act No 55 of 1975 as amended.

AUTHORISATION

I acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also acknowledge that the information provided by me may be verified against other legitimate sources or databases. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning me.

Date

Signature of insured

THE ISSUE OF THIS FORM DOES NOT CONSTITUTE ADMISSION OF LIABILITY ON THE PART OF THE COMPANY

- NB:
- (i) In instances where repairs, requested at the claimant's expense are not undertaken, the company will not assume liability for any further damage.
 - (ii) On completion of authorised repairs a clearance certificate must be signed by the insured.
 - (iii) Maintenance does not constitute a claim.