

PROPERTY DAMAGE / PUBLIC LIABILITY CLAIM FORM

Broker Details					
Broker					
Tel No	Fax No	Policy Number			
Insured Details					
-					

Full name of insured	
Postal address	Postal code
Telephone	Fax
Email	Cell

Details of Loss

Date of loss		Number of units damaged?			
Address where	loss occurred				
Were the premises occupied at the time of the loss? Yes \bigcirc No \bigcirc If not, when last was it occupied?					
Purpose of occ	upation				
Description of c	lamage to prope	erty OR of injury or damage to	Third Partie	S	
What caused th	ne Loss / Damag	je or Injury?			
Estimate of dar	nage or amount	claimed by Third Parties			

Commercial and Industrial Acceptances (Pty) Ltd | Reg. No. 2000/019340/07 | VAT No. 4540194349 Authorised Financial Services Provider Licence No. 13890 | www.cia.co.za 0861 242 777 | mail@cia.co.za | 13E Riley Road Bedfordview | PO Box 615 Bedfordview 2008 Directors: DM Haig (Managing Director) | VJ Hayter | PJ Carragher | IE Ismail Underwriting Managers for Compass Insurance Company Limited | Reg. No. 1994/003010/06 | VAT No. 4150143289 | FSP No. 12148 Branches: Johannesburg | Durban | Cape Town | Bloemfontein | Port Elizabeth | Pretoria

Police Station

In the event of	loss or damage due to Theft: Police reference / case	number	
Police station		Date reported	

Third Party Details

Details of Third Party in respect of Public Liability claims				
Name				
Address				
Tel No		Fax No	c	Cell

Witness Details

Name			
Address			
Tel No	Fax No	Cell	

Declaration

I/We declare that the particulars and declarations are correct and complete and include all information known to me/us. It is further declared and understood that should this application be completed by the broker/agent of the insured, the broker/ agent will be considered to have been authorised to act as the insured's agent for the purpose of completing the application.
Date

Signature of insured or broker

