

**PROPERTY LOSS CLAIM FORM**

BROKER	Broker:	
	Broker Contact:	
	Contact Numbers:	
	Broker Claim Number:	

INSURED	Policy Number:	
	Insured:	
	Occupation:	
	Contact Numbers:	

DETAILS OF EVENT	Address where loss occurred:	
	Date of Loss:	
	Date/Time Discovered:	
	Estimated value of Loss:	R
	Time of Event:	
	Police Station:	
	Police Case Number:	MAS
	Date Reported to Police:	
	Detailed Description of Event:	

RISK DETAILS	Were the premises occupied at the time of loss?	
	If not, was the alarm set?	
	Are you the sole owner of the property subject to the claim?	
	If no, please give details of other interested parties:	
	Is the property subject to the claim insured elsewhere?	
	If yes, please provide details of insurer and policy number:	

BANKING DETAILS	Bank Name and Branch:	
	Bank Account Name:	
	Bank Account Number:	
	Bank Account Type:	

DECLARATION	We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:		
	Signature of Policyholder/Proposer:		Date: / /

CPT  
0861 682 467 (MUA INS)  
PHONE +27 21 525 6200 FAX +27 21 525 6300  
ADDRESS Block A & B Edison Square Cnr. Edison  
Way & Century Avenue Century City  
POSTAL PO Box 84 Century City 7446

DBN  
0861 682 467 (MUA INS)  
PHONE +27 31 275 8600 FAX +27 31 265 1719  
ADDRESS Viewz 11 The Boulevard Westway Office  
Park Westville 3630  
POSTAL PO Box 2725 Westway 3630

JHB  
0861 682 467 (MUA INS)  
PHONE +27 11 560 0600 FAX +27 11 327 1710  
ADDRESS MUA House 26 Sturdee Avenue  
Rosebank Johannesburg 2196  
POSTAL PO Box 131152 Bryanston 2021

**PROPERTY LOSS CLAIM FORM**

(Kindly supply supporting documentation e.g. estimates, replacement invoices etc.)

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Deduction for fair wear & tear or depreciation	Amount claimed