ADDSURE
SECTIONAL TITLE INSURANCE SPECIALISTS

CLAIM FORM

PROPERTY DAMAGE & PUBLIC LIABILITY

Gauteng	Western Cape	KwaZulu Natal
☎: +27 (0)11 704 3858	☎: +27 (0)21 551 5069	☎: +27 (0)31 459 1795

Insurance Company: _____ Policy No.: _____

Name of Body Corporate / Shareblock / HOA:	
Address where loss/damage occurred:	
Unit/Section no. where loss/damage occurred	
Were premises occupied? By whom?	☐ Yes ☐ No _____
Purpose of occupation:	
Contact Details Name:	
Tel No. (day) & Capacity:	_____ ☐ Owner ☐ Tenant ☐ Trustee ☐ 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?	☐ Yes ☐ No
If so, give details:	
If insured provide name of insurer:	
Any other insurance covering this damage?	
If so, give name of insurer:	

Body Corporate Bank Details: All claim payments will be made to the Body Corporate bank account.

Account name: _____ Bank: _____ Branch: _____

Account no.: ☐☐☐☐☐☐☐☐☐☐☐☐☐ Account type: _____ Branch no.: ☐☐☐☐☐☐☐☐☐

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: _____