

Contractors All Risk - Loss / Damage Claim Form						
A. Insurer						
Name of insurer	Renasa Insurance Company Limited					
n						
B. Insured		т 1				
Policy number Identity number		Insured name Occupation				
Landline		Mobile				
Landinic		WIODIIC				
Physical address						
,			Postal code			
C. Broker						
Name of broker						
D. Loss / Damage Occ	currence					
Date of loss/damage		Time of loss/damage				
When was loss/damage	discovered?	_				
E						
E. Loss / Damage Plac						
Place where damage occ Were the premises occu						
By whom?	pieu:					
If not occupied, when la	st occupied?					
Purpose of occupation	ot occupied.					
		l.				
F. Cause of Loss / Dar						
Describe fully how the le	oss or damage occurred stating how (If applicable)	entry was gained to pren	nises.			

If loss/damage caused by another party give name and address

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Have you previously suffered a Loss/Damage (If so, provide details)		/->							
If insured, provide name and Insurer H. Police Police ref number Date reported Station J. Other Interest Has any other party an Interest in the insured? property, e.g., Credit Agreement If so, give name and Interest J. Other Insurance Is there any other insurance covering this loss / damage? If so, give name of Insurer K. Value Estimate total value of all the property insured under the policy When last valued? L. Statement of Property Lost / Stolen / Damaged Number Description of Date Purchased / Value depreciation / value of dates and dates of dates and dates of dates of dates of dates of dates of depreciation / value of dates of dates of dates of dates of depreciation / value of dates of dates of dates of dates of dates of dates of depreciation / value of dates of				age (If so, provid	e details)				
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Number Description of Date Purchased / Value depreciation / value of Amount	L. Statement o	of Prope	rty Lost / Stolei	n / Damaged					
	Number			Date			Value		
	rumber	F	property	acquired	acquired fi	rom	varue	salvage	claimed

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M. Declaration

Signed at ___

I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss / damage which occurred in the circumstances described above.

"I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit. I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases."

Signature of insured	Capacity	

DISCLOSURE

on this ____

We hereby declare that the statements made by us in this Document are, to the best of our knowledge and belief, complete and true, and we hereby agree that this information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence

POPI STATEMENT

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers, or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers as situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.

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_day of _____