

Contractors All Risk - Loss / Damage Claim Form

A. Insurer

Name of insurer	Renasa Insurance Company Limited
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B. Insured

Policy number		Insured name	
Identity number		Occupation	
Landline		Mobile	
Physical address			
		Postal code	

C. Broker

Name of broker	
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D. Loss / Damage Occurrence

Date of loss/damage		Time of loss/damage	
When was loss/damage discovered?			

E. Loss / Damage Place

Place where damage occurred?	
Were the premises occupied?	
By whom?	
If not occupied, when last occupied?	
Purpose of occupation	

F. Cause of Loss / Damage

Describe fully how the loss or damage occurred stating how (If applicable) entry was gained to premises.

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

G. Previous Loss / Damage

Have you previously suffered a Loss/Damage (If so, provide details)	
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H. Police

Police ref number	Station
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Station	
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Date reported			
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I. Other Interest

Has any other party an Interest in the insured? property, e.g., Credit Agreement	
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If so, give name and Interest	
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I. Other Insurance

Is there any other insurance covering this loss / damage?	
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K. Value

Estimate total value of all the property insured under the policy	
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When last valued?	
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[illegible]

M. Declaration

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	
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Signed at _____ on this _____ day of _____ 20_____

DISCLOSURE

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.