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REGISTRATION NO: 1996/057308/23

An Authorised Financial Service Provider.

FSP NO: 14574

PROPERTY LOSS/DAMAGE CLAIM FORM

Ignore sections not applicable

Policy Number	
Insured	
Address and (day) telephone no.	
Identity Number/VAT Number	
Date of loss	
When was the loss/damage discovered?	
Place where loss/damage occurred	
Were premises occupied? By whom?	
If not occupied, when last occupied?	
Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises	
If loss/damage was caused by another party give name and address	
Police reference number and station and date reported	
Has any other party an interest in the insured property e.g. credit agreement?	

If so, give name and interest	
Is there any other insurance covering this loss/damage? If so, give name of insurer	
Estimated total value of all the property insured under the policy When last valued?	
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.	
Signature of Insured:	
Date:	