

# PROPERTY LOSS/DAMAGE CLAIM FORM/ EIENDOMSVERLIES/SKADE EISVORM

# Hollard.

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| <b>BROKER/AGENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                         |  | <b>MAKELAAR/AGENT</b>                                                                                                                    |                                  |  |
| <b>POLICY NO.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                         |  | <b>POLISNR.</b>                                                                                                                          |                                  |  |
| <b>VAT REGISTRATION NUMBER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                         |  | <b>B.T.W. REGISTRASIENOMMER</b>                                                                                                          |                                  |  |
| <b>INSURED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name and occupation                                                                                     |  | Naam en beroep                                                                                                                           | <b>VERSEKERDE</b>                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Address and (day) Tel. No..                                                                             |  | Adres en (dag) Tel. Nr.                                                                                                                  |                                  |  |
| <b>LOSS/DAMAGE OCCURRENCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date and time of loss/damage                                                                            |  | Tyd en datum van verlies/skade                                                                                                           | <b>VERLIES/SKADE VOORVAL</b>     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | When was loss/damage discovered?                                                                        |  | Wanneer is verlies/skade ontdek?                                                                                                         |                                  |  |
| <b>LOSS/DAMAGE PLACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Place where loss/damage occurred                                                                        |  | Plek waar verlies/skade plaasgevind het                                                                                                  | <b>VERLIES/SKADE PLEK</b>        |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Were premises occupied?<br>By whom?                                                                     |  | Was perseel bewoon?<br>Deur wie?                                                                                                         |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If not occupied, when last occupied?                                                                    |  | Indien onbewoon, wanneer is dit laas bewoon?                                                                                             |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Purpose of occupation of premises                                                                       |  | Met watter doel is die perseel gebruik?                                                                                                  |                                  |  |
| <b>CAUSE OF LOSS/DAMAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises |  | Beskryf volledig hoe die verlies of skade plaasgevind het en meld (indien van toepassing) wyse waarop toegang tot die perseel verkry is. | <b>OORSAAK VAN VERLIES/SKADE</b> |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If loss/damage caused by another party give name and address                                            |  | Indien verlies/skade deur 'n ander persoon veroorsaak is, meld naam en adres                                                             |                                  |  |
| <b>PREVIOUS LOSS/DAMAGE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Have you previously suffered a loss/damage?                                                             |  | Het u vantevore verlies of skade gely?                                                                                                   | <b>VOORGE VERLIES/SKADE</b>      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If so, give details                                                                                     |  | Indien wel, verskaf besonderhede                                                                                                         |                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If insured, provide name of insurer                                                                     |  | Indien verseker, verskaf naam van versekeraar                                                                                            |                                  |  |
| <b>POLICE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Police Ref. no. and station and date reported                                                           |  | Polisie Verw. nr. en stasie en datum gerapporteer                                                                                        | <b>POLISIE</b>                   |  |
| <b>OTHER INTEREST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Has any other party an interest in the insured property, eg. Credit Agreement?                          |  | Het enige ander persoon 'n belang in die versekerde eiendom, bv. Krediettooreenkoms?                                                     | <b>ANDER BELANG</b>              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If so, give name and interest                                                                           |  | Indien wel, meld naam en belang                                                                                                          |                                  |  |
| <b>OTHER INSURANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Is there any other insurance covering this loss/damage?                                                 |  | Is daar enige ander versekering wat hierdie verlies/skade dek?                                                                           | <b>ANDER VERSEKERING</b>         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | If so, give name of insurer                                                                             |  | Indien wel, meld naam van versekeraar                                                                                                    |                                  |  |
| <b>VALUE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Estimated total value of all the property insured under the policy                                      |  | Beraamde totale waarde van al die eiendom verseker onder die polis                                                                       | <b>WAARDE</b>                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | When last valued?                                                                                       |  | Wanneer laas is dit gewaardeer?                                                                                                          |                                  |  |
| <p><b>DECLARATION</b></p> <p>I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse side 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.</p> <p>Ek/Ons verklaar plegtig dat ek/ons die verlies of skade aan eiendom, wat agterop beskryf is, gely het en dat genoemde eiendom onmiddellik voor die verlies/skade in my/ons besit was en dat die verlies/skade plaasgevind het as gevolg van die omstandighede hierbo uiteengesit.</p> <div> <div> Insured's signature<br/>Versekerde se handtekening </div> <div> Date<br/>Datum </div> <div> D D M M Y Y Y Y </div> </div> <div> Capacity<br/>Hoedanigheid </div> |                                                                                                         |  |                                                                                                                                          |                                  |  |

