

www.addsure.co.za	<b>HEAD OFFICE</b> ☎: +27 (0)21 551 5069	claims@addsure.co.za
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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? Purpose of occupation: Contact Details Name: Tel No. (day) & Capacity: Date and Time of loss/damage: When was loss/damage discovered?	_____ _____ _____ <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Trustee <input type="checkbox"/> Mng Agent ____ / ____ / ____ H ____ ____ / ____ / ____ 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: _____ Address: _____ Tel. no.: _____	_____ _____ _____
If damage/injury caused to another party Name: _____ Address: _____ Tel. no.: _____	_____ _____ _____
Have you previously suffered a loss/damage? If so, give details: If insured provide name of insurer: Any other insurance covering this damage? If so, give name of insurer:	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ _____

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

Account name: \_\_\_\_\_ Bank: \_\_\_\_\_ Branch: \_\_\_\_\_  
 Account no.: 

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 Account type: \_\_\_\_\_ Branch no.: 

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**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: _____