

Johannesburg Office:
 7th Floor Office Tower
 Bedford Centre
 Smith Street
 Bedford Gardens; 2047

P.O Box 752189
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 2047

Tel: 011 615 7529
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Durban Office:
 15 Imperial Office Park
 9/11 University Road
 Westville
 3630

P O Box 1968
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 3630

Tel: 031 267 1124
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AC and E Engineering Underwriting Managers (Pty) Ltd

Website: www.engineeringace.co.za

CLAIM FORM – LOSS OR DAMAGE

Type of Loss:	Fire	Theft	Accidental Damage	Malicious Damage	Storm Damage	Third Party
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Policy No:		Claim No:	
Please answer questions fully		SAPS Ref No:	

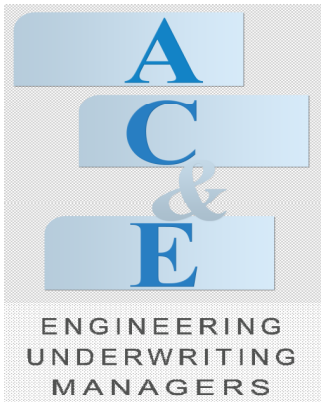
Name of Insured:		Occupation:	
Address:		Tel.No.: (H)	
		Tel No.: (W)	

1. Address of premises at which the theft / loss / fire / damage occurred	
2. Date & time of alleged theft/fire/damage.	
3. (a) By whom was it discovered? 3. (b) When?	
4. (a) When reported to Police/Fire Brigade? 4. (b) At which Police/Fire station?	• Not applicable to Fire Claims
5. Describe the cause of the loss or	

Managing Director: Anne-Marie Fourie

*Reg. No: 2009/015923/07 VAT No: 4020257368
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damage and the manner in which it occurred. If not, when were they last occupied?	
6. Please state exactly how the premises were occupied at the time of the theft/loss/fire/damage.	
7. Do you suspect anyone of the theft or loss?	
8. Are you the sole owner of the property which is the subject of this claim? If not, give name and address of others interested.	
9. Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance? If so, please give full details.	
10. * State amount of Fire Insurance and name of Company.	
11. What steps are being taken to prevent a recurrence of the loss?	
12. Please give details of previous losses.	

Insured's Signature: _____ **Date:** _____

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