



insurance done right

One Commercial Investment Holdings PTY LTD

Reg No: 1998/005199/07 Is a juristic representative of:

One Commercial Motor and Liability (Pty) Ltd. FSP: 8783

One Commercial Securities (Pty) Ltd. FSP: 20395

Underwritten by Absa Insurance Risk Management Services LTD and Absa Insurance Company LTD

Tel: 0861 266 562 Address: 54 Maxwell road, Woodmead North office park, Woodmead, Johannesburg

Postal address: Postnet suite 221 PrivateBag X75, Bryanston 2021 Web: www.one.za.com

PROPERTY LOSS STOLEN OR DAMAGED CLAIM FORM

Policyholder Details

Insurer	Absa Insurance Risk Management Services (Pty) Ltd		
Insured		Policy Number	
Cell		Tel Number	

Broker Details

Broker Name		E-mail	
Cell		Tel Number	

Details of Loss /Damage

Date of Loss		Time of Loss:	
Description of Loss			
Estimated Amount of Loss		If reported to police, state which station	
		Ref no	

Previous Loss/Damage

Have you previously suffered a Loss/Damage	Yes	No
If so , give name of interest		
If Insured at time provide name of Insurer		

Police

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	

Other interest

Has any other party an interest in the insured property, eg: hire purchase or other credit agreement	Yes	No
If so , give details		

PROPERTY LOSS STOLEN OR DAMAGED CLAIM FORM

Other insurance

Is there any other insurance covering this loss/ damage	Yes	No
If so , give details		

Value

Estimated total value of all property insured	When last was all property valued
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N.B. Claims in respect of damage to building must be accompanied by a building estimate

Number	Description	Date Acquired	From Whom Purchased or Acquired	Current Replacement Value	Deduction for Wear and Tear or Depreciation (If Applicable) or Value of Salvage	Amount Claimed

Authority for Payment

It is recommended that any amount payable to you be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this please provide the following information:

Bank	Branch code		
Branch Name and Town:			
Account Number:			
Type of Account (Please tick the applicable box)	Current (Cheque) (Cancelled cheque required)	Transmission	Savings
Please Indicate Name Of Account Holder			

Declaration

I hereby declare the foregoing particulars to be true in every respect.

Signed at _____ on this _____ day of _____ in _____ 20____

Name: _____ Witnessed By: _____

Capacity: _____

Signature: _____ Tel: _____