

## **Claims Procedure - General Claims**

- All Theft or Burglary Claims must be reported to the police within 24 hours. The Police Case number is extremely important for your claim.
- Proof of ownership of the items, that have been damaged or stolen (Invoices, Serial numbers, Valuation certificates, Photos), must be provided together with a quotation for repairs or replacement.
- A written report (of the cause of the damage), by a qualified repairer will be needed.
- Complete the claim form and send to <u>info@bensure.com</u> accompanied by the Police Case Number (if applicable), Quotations for repair or replacement of items, proof of ownership and damage report (if applicable). Also send us a small description of how the item was damaged or stolen.
- After your signed claim form has been received, our claims department will contact you within 24 hours regarding further procedures.

Feel free to contact us at (012) 663 2056 or email <u>info@bensure.com</u> for any assistance you might need regarding your General Claim.



## **General Claim Form**

Insurer:									
Broker / Ag	ent:								
Policy No:									
	Name & Occupation:								
Insured	Adres & Tel:								
-	Date & time of loss:								
Occurrence	When was loss / damage discovered	d:							
	Place where Loss damage occurred								
Loss /	Were premises occupied (if so by wh	nom):							
Damage	If not occupied, when last was premi								
Place	occupied:								
	Purpose of occupation:								
	Describe fully how the loss or damage	ge							
Cause of	occurred, stating how (if applicable)	entry							
loss / damago	was gained to premises:								
damage	If Loss/Damage caused by another								
	party, give name and address:								
Previous	Have you previously suffered a								
claims	Loss/Damage? If so, give details:								
ciainis	If Insured, provide name of insurer:								
Police	Police Ref. No., Station and date reported:								
Other	Has any other party an interest in the								
	insured property, e.g. Credit								
Interest	Agreement? If so, give name and								
	interest:								
	Is there any other insurance covering								
Other	this Loss/Damage? If so, give name of	f							
Insurance	Insurer:								
Value	Estimated total of all the property insured under the policy:								
Value	When last valued?:								
	It is recommended that any amount payable to you direct, be transmitted by Electronic Bank Transfer for								
	speedier settlement and security reasons. If you are agreeable to this, please provide the following								
Authority of	information:								
Payment									
	Bank Name:	Branch	Code:	1	Acc N	No:			
				<b>.</b>					
	Name of Acc Holder:			Signature:					
	I/We solemnly declare that I/we have	e suffered	lloss	of or damage to	the pr	operty enumerated on the			
	reverse hereof and that the said property was in my/our possession immediately prior to the said								
Declaration	loss/damage which occurred in the circumstances described above.								
	Signatura		Capacity:			Data			
	Signature:					Date:			



## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

Number	Description of property	Date Acquired	From whom purchased or Acquired	Value	Deduction for wear and tear or depreciation or value of salvage	AMOUNT CLAIMED
Insured's Signature:					Total Amount Claimed	

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