



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

PROPERTY LOSS OR DAMAGE CLAIM FORM

Old Mutual Insure Limited, Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

Underwritten/ Administered by Frontline Underwriting Managers (Pty) Ltd
Vat No. 4350242386 Reg. No. 2008/005015/07
Authorised Financial Service Provider: FSP No. 40752

INSURED			
POLICY NUMBER:			
NAME:			
ID NUMBER:			
OCCUPATION:			
ADDRESS:			
CONTACT NUMBERS:	(w)		(cell)
	(h)		(fax)
E-MAIL:			
OCCURRENCE OF LOSS / DAMAGE			
Date & Time of Loss / Damage:			
When was Loss/Damage discovered ?			
PLACE OF LOSS / DAMAGE			
Place where Loss / Damage occurred:			
Were premises occupied?	Yes	No	If yes, by whom?
If <i>no</i> , when last occupied?	Purpose of occupation:		
CAUSE OF LOSS / DAMAGE			
Describe fully how Loss / Damage occurred & entry gained into premises:			
If Loss/Damage caused by another party, provide: name, address, contact details, vehicle details if applicable			
PREVIOUS LOSS / DAMAGE			
Have you previously suffered a Loss/ Damage?	Yes	No	
If yes, give details:			
If Insured at time provide name of Insurer:			
POLICE REPORT			
Ref. No.:	Station:	Date:	
OTHER INTEREST			
Does any other party have an interest in the insured property, e.g. Credit Agreement?	Yes	No	
If yes, give name and details of interest:			
OTHER INSURANCE			
Is there any other Insurance covering the broken glass?	Yes	No	
If yes, give name of Insurer:			
VALUE			
Estimated total value of all the property insured under the policy	When last evaluated?		
AUTHORITY FOR PAYMENT			
It is recommended that any amount payable to you be transmitted via Electronic Bank Transfer for speedier settlement & for security reasons. If you are agreeable to this please provide the following information:			
BANK NAME:			
ACC. HOLDER:			
ACC. TYPE:			
BRANCH CODE:			
ACC. NUMBER:			
YOUR SIGNATURE:			

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate

Qty:	Description of Property	Date Acquired	Purchased from	Purchase Price	Deduction for Depreciation / Salvage Value	Amount Claimed

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED:

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

Signature of Insured:

Capacity:

Date:

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/infoereg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za