



Take us with you

Property Loss/Damage (Delete sections not applicable)



**RENASA**  
INSURANCE COMPANY LIMITED

Cross Country Insurance Consultants (Pty) Ltd  
Underwritten by Renasa Insurance Company Limited  
Cross Country is an Authorised Financial Services Provider 39547  
Registration Number: 2008/013847/07 | VAT Number: 4020252203

Tel No: 011 215 8800 | Fax No: 011 476 8205 | website: www.ccic.co.za

Property Loss/Damage

Broker/Agent			
Policy Number		Identity number	
Insured			
Insured			
Address and Day Tel No			
Loss/damage occurrence			
Date and time of loss/damage			
When was the loss/damage discovered?			
Owner			
Name		Identity Number	
Loss/damage place			
Place where loss/damage occurred			
Were premises occupied? By whom?			
If not occupied, when last occupied?			
Purpose of occupation			
Cause of Loss/damage			
Describe fully how the loss or damage occurred			
If loss/damage was caused by another party give name and address if known			
Previous Loss/damage			
Have you previously suffered loss/damage?			
If so, provide details			
If insured, provide name of insurer			
Details of stolen accessories. (Please attach invoices). Are these separately insured?			

Police									
Police station,case number									
Other insurance									
Is there any other insurance covering this loss/damage?									
If so, provide name of insurer									
Value									
Estimated total value of all the property insured under the policy									
When last valued?									
Payment method									
You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.									
Name of bank					Branch				
Name of account					Account Number				
Declaration									
I/We declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.									
I/We hereby declare the foregoing particulars to be true in every respect.		Insured signature			Capacity			Date	
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND									

