



CLAIM FORM

BROKER / AGENT	
INSURED	
POLICY NUMBER	
DATE & TIME OF LOSS	
ADDRESS WHERE LOSS OR DAMAGE OCCURRED	
CAUSE OF LOSS / DAMAGE (please supply specific details)	
POLICE STATION AND REFERENCE NUMBER	
ITEM/S DAMAGED. FULL DESCRIPTION WITH SCHEDULE NUMBER	
CONTACT PERSON AND	
TELEPHONE NUMBER	

DECLARATION

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I/We undertake to advise Firedart Engineering Underwriters (Pty) Ltd in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Signature

Capacity

Date

FIREDART ENGINEERING UNDERWRITING MANAGERS PTY (LTD)

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