



COMMERCIAL & INDUSTRIAL
ACCEPTANCES

P O Box 615 Bedfordview, 2008
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Bedfordview.
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PROPERTY DAMAGE and PUBLIC LIABILITY CLAIM FORM

Broker		Tel No		Fax No	
Policy Number					
Insured					
Postal address					
Contact details of the Insured / Tenant / Responsible person					
Name					
Tel No		Fax No		Cell	
Address where loss occurred					
Were the premises occupied at the time of the loss?				Yes	No
If not, when last was it occupied?					
Purpose of occupation					
Date of damage or loss					
Description of damage to property OR of injury or damage to Third Parties					
What caused the Loss / Damage or Injury?					
Estimate of damage or amount claimed by Third Parties					R
In the event of loss or damage due to Theft					
Police ref.no.		Police Station		Date reported	
Details of Third Party in respect of Public Liability claims					
Name					
Address					
Contact details					
Tel No		Fax No		Cell	
Details of any witnesses					
Name					
Address					
Tel No		Fax No		Cell	

Date _____ Signature _____