



JVC
INSURANCE BROKERS

SHORT TREM INSURANCE

PO BOX 2104

FLORIDA HILLS, 1716

TEL: 011 475 9250

FAX: 011 4755302

jvc@jvcinsurance.co.za

BODY CORPORATE CLAIM FORM

NOTIFIED BY _____ CONTACT NR _____
TENANT NAME _____ TENANT NR _____
NAME OF BODY _____
CORPORATE _____

UNIT NUMBER _____ DATE OF LOSS _____

PHYSICAL ADDRESS

CIRCUMSTANCES OF LOSS

RESULTING DAMAGE

YES	NO
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HAS THE DAMAGE BEEN

REPAIRED	REPLACED
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BY WHOM _____

CONTACT DETAILS _____