

CLAIM NUMBER
(office use only)



BODY CORPORATE CLAIM FORM

HOW TO COMPLETE THIS FORM:

1. The purpose of this form is to register a valid property loss/damage claim with the insurance company.
2. Please ensure that the authorised signature of the policy holder/representative appears on this form— it is illegal for any other person to sign this form.
3. For JVC INSURANCE BROKERS to process this request quickly and correctly, please ensure that this form is completed in full.
4. Please complete the form in black ink OR electronically and print clearly
5. Where you need to make a choice between different options, please mark your selection with an X.
6. This form is only valid for three months from the date signed.
7. It is the responsibility of the insured to ensure that a claim is reported timeously. JVC INSURANCE BROKERS will not backdate any changes.
8. If the spaces provided are not adequate, please attach a list with all relevant details.
9. Please email the completed form to the claim's handler appointed on your claim or to your broker.

ATTACHMENTS

Please ensure that the following attachments are included with this form:

- Any photographs of the incident
- Assessors report (if applicable)
- Damage report (if applicable)
- Quotes to repair or replace the item (if applicable)
- Statement of property lost, stolen or damaged
- Supplier / Contractor invoices

POLICY HOLDER/POLISHOUER

NOTIFIED BY		
CONTACT NUMBER		
TENANT NAME		
TENANT CONTACT NUMBER		
NAME OF BODY CORPORATE		
UNIT NUMBER		
DATE OF LOSS / INCIDENT		
ADDRESS AT WHICH THE LOSS OCCURRED/ ADRES WAAR VERLIES PLAASGEVIND HET		
DESCRIBE FULLY HOW THE LOSS OCCURRED / BESKRYF VOLLEDIG HOE DIE VERLIES PLAAS GEVIND HET		
RESULTING DAMAGE	YES	NO
HAS THE DAMAGE BEEN	REAPIRED	REPLACED
SUPPLIER/ CONTRACTOR		
SUPPLIER / CONTRACTOR CONTACT NUMBER		
SUPPLIER / CONTRACTOR EMAIL ADDRESS		

CONFIDENTIALITY NOTICE

We take all reasonable steps to protect and securely store all client documents and communications, in whatever form they may exist, from unauthorized access. This includes maintaining privacy and confidentiality during the destruction or return of all records when these are no longer needed. Furthermore, we heed legislative provisions regarding the protection of personal information. Please note that we may not disclose any confidential information acquired or obtained from a client or a product supplier, unless written consent of the client or product supplier has been obtained beforehand or disclosure of the information is required in the public interest or under any law.

SIGNATURE / HANDTEKENIG

CAPACITY / HOEDANIGHEID

DATE / DATUM