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COMMERCIAL & INDUSTRIAL  
 ACCEPTANCES

CLAIM FORM  
 PROPERTY DAMAGE & PUBLIC LIABILITY

Broker		Tel No.		Fax No.	
Policy No.					
Insured					
Postal address					
Contact details of the Insured / Tenant / Responsible person					
Name					
Tel No.		Fax No.		Cell No.	
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					
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 No.	
Details of any witnesses					
Name					
Address					
Tel No.		Fax No.		Cell No.	

Date \_\_\_\_\_

Signature \_\_\_\_\_