PLANT ALL RISKS CLAIM FORM

Hollard.

BROKER

POLICY NUMBER

1. INSURED

Hollard Construction & Engineering are committed to resolving your claim within the shortest possible time and in order to assist in expediting this process kindly ensure that this form is completed in detail.

Insured:

Is the Insured a VAT Vendor? YES NO VAT no.:

Business address:

Telephone no. (w): Cellphone no.:

Email address:

2. DETAILS OF LOSS/DAMAGE

Date and time of loss/damage:

Detailed description of how loss occurred:

Please include a separate page should the space in the text box be insufficient.

**Attach colour photographs to demonstrate the above.*

If loss/damage was caused by another party, give their full name and address:

Is there any other insurance covering this loss/damage?

If yes, provide the name of the insurer:

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In the event of theft or malicious damage, please supply following details:

Police station loss/damage was reported to:

Date reported:

Police case number:

Was there a security guard present at the time of loss?

3. PLANT

Vin/Serial/Engine No.

Make/Model of Machine

Operating Hours

Item No. on Policy Schedule

Age of plant or machine

New Replacement Value

Market Value

**(please supply evaluation certificate to verify New Replacement or Agreed Values)*

Does any other party have an interest in the insured property, e.g. credit agreement?

If yes, please give full name and interest:

4. 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 Hollard 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.

Insured's full name:

Signature:

Capacity:

Date: