



COMMERCIAL & INDUSTRIAL  
ACCEPTANCES

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Bedfordview.  
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**PROPERTY DAMAGE and PUBLIC LIABILITY CLAIM FORM**

Broker		Tel No		Fax No	
Policy Number					
<b>Insured</b>					
Postal address					
<b>Contact details of the Insured / Tenant / Responsible person</b>					
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					
<b>Date of damage or loss</b>					
<b>Description of damage to property OR of injury or damage to Third Parties</b>					
<b>What caused the Loss / Damage or Injury?</b>					
<b>Estimate of damage or amount claimed by Third Parties</b>					R
In the event of loss or damage due to Theft					
Police ref.no.		Police Station		Date reported	
<b>Details of Third Party in respect of Public Liability claims</b>					
Name					
Address					
Contact details					
Tel No		Fax No		Cell	
<b>Details of any witnesses</b>					
Name					
Address					
Tel No		Fax No		Cell	

Date \_\_\_\_\_ Signature \_\_\_\_\_