

Claims

Gem & Jewel Acceptance (Pty) Ltd

Reg. No. 1999/013901/07 | FSB LICENCE 5064 | VAT 4200186551
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NON MOTOR CLAIM FORM

DETAILS OF BROKER

Name of Broker _____ Contact Person _____
Telephone _____ Broker's Code _____

DETAILS OF INSURED

Name of Insured (in full) _____
Contact Person _____ Telephone (H) _____ (W) _____
VAT Number _____ Facsimile _____

TOTAL STOCK VALUE

This value to include Own Stock / Appro / Consignment / Customer Goods

Please state the total stock value at cost inclusive of VAT

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INSURED PREMISES LOSS / DAMAGE CLAIM

Physical Address _____
Date of Loss / Damage _____ Time _____
When was the loss discovered? _____
Were staff on the premises at the time? _____
Name _____ Name _____
Name _____ Name _____
If not occupied, when last occupied? _____ Time _____
Name of last person on the premises _____
Describe fully how the Loss or Damage occurred, stating how (if applicable) entry was gained

What security protections were in place at the time of the loss? _____

If the loss was caused by another party, please state details _____

Is there any other insurance covering this property? If so, please state name of Insurer _____

NON PREMISES / DAMAGE (INCL. FROM PREMISES OTHER THAN INSURED'S)

Where did it occur? _____

Date of Loss / Damage _____ Time _____

When was the loss / damage discovered? _____

Describe fully how the Loss or Damage occurred, stating how (if applicable) entry was gained

If the loss was caused by another party, please state details _____

Is there any other insurance covering this property? If so, please state name of Insurer _____

TRANSIT LOSSES

Name of Courier (copy of Waybill required) _____

Tracking Number of the item _____

Is there any other insurance covering this item? If so, please state name of Insurer _____

If a courier loss, please state your estimated Annual Sendings by Courier

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Please supply written confirmation as to how the loss occurred and whether they will settle

POLICE DETAILS

Police Station _____

Case Reference Number _____

Investigating Officer _____

Telephone Number _____

