



Reef Insurance Brokers (Pty) Ltd
Reg No 1983/012774/07 | VAT No 4920108786
Reef House, Cnr Mowbray & Bunyan St, Benoni, 1501
PO Box 1558, Benoni, 1500

PLANT ALL RISKS CLAIM FORM

Broker _____

Policy Number _____

INSURED

Insured _____

Is the Insured a VAT Vendor? YES ☐ NO ☐ VAT Number _____

Business Address _____

Email Address _____

Telephone Number (w) _____ Cellphone Number _____

DETAILS OF LOSS / DAMAGE

Date of loss / damage _____ 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? YES ☐ NO ☐

If yes, provide the name of the insurer _____



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In the event of theft or malicious damage, please supply the 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? YES ☐ NO ☐

PLANT

Vin | Serial | Engine number _____

Make | Model of Machine _____

Item No. on Policy Schedule _____ Operating Hours _____

New Replacement Value _____ Market Value _____

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

Age of plant or machine _____

Does any other party have an interest in the insured property, e.g. credit agreement? YES ☐ NO ☐

If yes, please give full name and interest _____

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 | Reef Insurance Brokers 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 _____