



Business Premises Insurance Claim Form

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE INCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

IMPORTANT INFORMATION

1. All statements must be factual, not influenced or biased in any form.
2. Please provide Sacos with as much information about the incident as you can.
3. Please inform the police immediately if something is lost or if you suspect any theft, malicious damage or if you are a victim of a riot.
4. You can carry out any temporary repairs needed to make your property weatherproof or safe but please keep all your receipts as the expenses incurred may form part of your claim.
5. Please speak to our Claims Staff before you make any arrangements for replacement or permanent repairs.
6. Sacos must have the opportunity to view and inspect the damages before you start any permanent repairs and Sacos reserves the right to appoint a loss adjuster.
7. Please ensure that you take reasonable steps in order to prevent any further damage (s) to your property or third party property.
8. If anyone is holding you responsible for damage to their property or for injury to them, please do not admit to any liability and inform them that they should provide you with an official written claim to submit to Sacos.

1. INSURED DETAILS

POLICY NUMBER

Name

Postal Address

Occupation

Telephone (Mobile)

Telephone (Work)

Email Address

THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address

2. DETAILS OF LOSS OR DAMAGE

Date of Incident (dd/mm/yyyy)

Time of Incident

Where did the incident happen?

Address

Occupation/nature of business

Situation of premises where the loss or damage occurred

Were the premises occupied by anyone at the time of loss or damage? Yes No

If Yes, by whom?

Was the watchman or security guard on duty at the time of the occurrence? Yes No

Have you ever sustained a loss or claimed against any insurers for any such type of loss? Yes No

If Yes, by whom?

Claimable items (Please tick applicable Boxes)

Building Contents Others

If others, please specify

Please provide a full description of how the incident occurred.

[Empty form box for incident description]

State the nature of your interest in the damaged property:

Owner Lessee Mortgagor Trustee

Does any person or financial institution, have an interest in the damaged property? Yes No

Please provide details of person or financial institution (applicable if "Yes" selected to previous question).

Name

[Name input box]

Postal Address

[Postal Address input box]

Contact number

[Contact number input box]

Do you consider any other party responsible for the incident? Yes No

Please provide details of third party (applicable if "Yes" selected to previous question).

Name

[Name input box]

Postal Address

[Postal Address input box]

Contact number

[Contact number input box]

Were the Police notified of the incident? Yes No

Did the Police visit the scene? Yes No

Please attach a copy of the Police report and Police statement

If Claim is for Fire, did you notify the Fire brigade? Yes No

Did the Fire Brigade visit the scene? Yes No

Do you hold any other insurance/s under which a claim for this incident may be made? Yes No

If selected Yes, please complete the following details

Type of Insurance (s)

[Type of Insurance (s) input box]

How much are you claiming?

[How much are you claiming? input box]

3. BUILDING – DETAILS OF CLAIM (applicable if “Building” selected as “claimable Items”)

If you have estimates of repairs and pictures of the damages, please attach.

NB: If you are still awaiting estimates, you may still submit your claim now and send us the estimates as soon as you receive them.

Please complete all the relevant columns providing as much information as possible

1) Description of item/s	2) Estimated cost of repairs (SCR)	3) Replacement cost (if not repairable)(SCR)	4) Amount Claimed (SCR)
TOTAL AMOUNT CLAIMED			

4. CONTENTS – DETAILS OF CLAIM (applicable if “Contents” selected as “claimable”)

If you have any invoices or estimates to substantiate your claim, please attach a copy to help us proceed with your claim more quickly. We shall require the original documents before settlement of your claim.

NB: If you are still awaiting estimates, you may still submit your claim now and send us the estimates as soon as you receive them.

Please complete all the relevant columns providing as much information as possible.

1) Description of item/s	2) Estimated cost of repairs (SCR)	3) Replacement cost (if not repairable)(SCR)	4) Amount Claimed (SCR)
TOTAL AMOUNT CLAIMED			

5. OTHER – DETAILS OF CLAIM (applicable if “Other” selected as “claimable Items”)

Please attach any relevant documents to substantiate your claim.

Please complete all the relevant columns providing as much information as possible.

1) Description of item/s	2) Estimated cost of repairs (SCR)	3) Replacement cost (if not repairable)(SCR)	4) Amount Claimed (SCR)
TOTAL AMOUNT CLAIMED			

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that I have not withheld any material fact concerning the incident or the injured party.

Note: *The Sum Insured under this policy is automatically reduced by the amount of any loss paid and should the Insured again require protection in this respect the Policy must be presented to the Insurers for endorsement and appropriate additional premium paid.*

Signature of Insured or his/her broker or legal representative

Date and Time

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT (To be submitted to the Sacos office)

- Duly filled and signed claim form
- Police Report
- Police Statement
- Quotation for cost of repairs
- Quantity Surveyors Report (If total loss)
- List of damaged or loss items
- Invoices or Quotations for loss or damaged items (If contents is insured)
- Quotation from contractor for cost of new building (If total loss)
- Record (Sales) Books
- Record (Stock) Books
- Pictures of the damages (Optional)