



CONSORT

TECHNICAL UNDERWRITERS



TRUSTED ENGINEERING INSURANCE

Contract Works (CAR)

Claim Form

Notes:

- a) The acceptance of this form is not in itself and admission of liability
- b) Please complete all questions and return immediately
- c) Preserve all damaged parts and make them available for inspection if required
- d) Additional information may be required



Broker / Agent Information

Broker Name: FAIS No:

Branch Name:

Consort Agency Number:

Broker Contact Person:

Tel No: Fax No: E-mail Address:

Insured Information

Proposer's Name:

Type of Business:

Postal Address: Physical Address:

Postal Code: Postal Code:

Contact Person:

Tel No: Fax No: Cell No:

E-mail Address:

Insurance

Insurance Company: Lombard Insurance Company Limited

Policy Number:

Policy Holder:

Contract Description

Commencement Date of Contract:

Contract No. and Description:

Contract Value at time of award:

Details of Loss

Date:

Time (e.g 12:00 PM):

Place:

Explain exactly how the loss occurred:

List of property / materials damaged, lost or stolen	Value of salvage	Amount claimed after allowing for depreciation through wear and tear and deduction value of salvage

Have you ever lodged an insurance claim? Yes No

If yes, please provide details:

Is there any other insurance policy covering this loss/damage? Yes No

If yes, please provide details:

Have you informed the police? Yes No

If yes:

What Police Station?

Case Number:

With what result?

What other steps have you taken to effect a recovery?

*** Wherever possible, please submit a detailed estimate of the repair / replacement costs.**

Supporting documentation required:

Material Damage:

- ◆ format assessment for cost of repairs
- ◆ copy of signed Contract Conditions
- ◆ photographic evidence of damage
- ◆ original purchase invoices (materials)
- ◆ where a financial institution's interests are noted, confirmation of outstanding settlement

Public Liability:

- ◆ Insured's comments / report regarding liability

◆ Third Party contact details:

◆ Company:

◆ Telephone:

◆ Fax:

◆ E-mail:

Disclosure

We hereby declare that the above statements made by us are, to the best of our knowledge and belief, complete and true. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

Date:		Name of authorised signature:	
		Capacity:	

* Please note that for this document to be deemed authentic, it must be sent from a nameserver (e.g. person@yourcompany.co.za) and not a web based e-mail service.

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Consort Technical Underwriting Managers (Pty) Ltd is an Authorised Financial Service Provider. FSP No. 2273

