

CONSORT TECHNICAL UNDERWRITERS

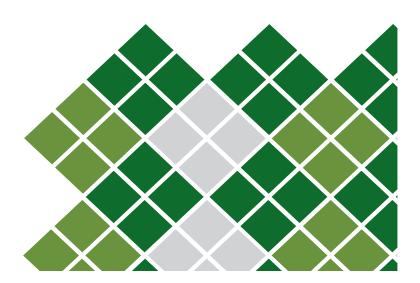
TRUSTED ENGINEERING INSURANCE

Plant All Risks (PAR) Insurance

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 N	lo:		
Branch Name:						
Consort Agency Number:						
Broker Contact Person:						
Tel No:		Fax No:		E-mail Add	dress:	
		Insured In	formation			
		IIISOICG III	IOITIGIIOII			
Proposer's Name:						
Type of Business:						
Postal Address:			Physical Address	s:		
	Postal Code:			l F	Postal Code:	
Contact Person :						
Tel No:		Fax No:			Cell No:	
E-mail Address:						
		lio or ur.				
		Insur	ance			
Insurance Company:	Lombard Insurance	Company Limite	ed			
Policy Number:						
Policy Holder:						

Details of Loss					
Date:			Time (e.g 12:00 F	PM):	
Place:					
Explain exactly how the loss occured:					
List of plant / equipment of stolen	damaged, lost or	Item No. of plant / equipment on Policy Schedule	Estimated cost of repair	Value of salvage	Amount claimed after allowing for depreciation though wear and tear and deduction value of salvage

Have you ever lodged an insurance claim?	○ Yes	○ No	
f yes, please provide details:			
s there any other insurance policy covering this loss/damage?	Yes	○ No	
f yes, please provide details :			
Have you informed the police?	○ Yes	○ No	
f yes:			
What Police Station?			
Case Number:			
With what result?			
What other steps have you taken to effect a recovery?			
* Wherever possible, please submit a detai	led estimate of the I	repair / replacement	costs.
Supporting documentation required:			
Material Damage:			
quotations for cost of repairs / replacement			
photographic evidence of damage			
hire contract details in respect of hired in / out plant	ınt		
original purchase invoice			
where a financial institution's interests are noted, or	confimation of outst	anding 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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