

PROPERTY LOST, STOLEN OR DAMAGED CLAIM FORM

INSURER	HOLLARD	POLICY NUMBER	NBUS2-0000066	VAT REG NUMBER	N/A
INSURED	Name and occupation	Blackhound Enterprises			
	Address and phone number	19 Cactus Road, Fairview, P.E.			
LOSS/DAMAGE OCCURRENCE	Date and time of loss/damage	28/04/2023			
	When was the loss/damage discovered?	28/04/2023			
LOSS/DAMAGE PLACE	Place where loss/damage occurred	19 Cactus Road, Fairview, P.E.			
	Were premises occupied?	Yes			
	If so, by whom?	Hannes Gouws and Dewald Potgieter, company directors			
	If not occupied, when last occupied?	n/a			
	Purpose of occupation	Architecture and rendering firm.			
CAUSE OF LOSS/DAMAGE	Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises	Electrical inverter got damaged. Pleas see attached full report from specialist.			
	If loss/damage was caused by another party, give name and address	n/a			
PREVIOUS LOSS/DAMAGE	Have you previously suffered loss/damage?	No.			
	If so, give details	n/a			
	If Insured, provide name of Insurer	n/a			
POLICE	Police station	n/a			
	Police Reference Number	n/a			
OTHER INTEREST	Date reported to Police				
	Has any other party an interest in the insured property, e.g. Credit Agreement?	n/a			
OTHER INSURANCE	If so, give name and interest	n/a			
	Is there any other insurance covering this loss/damage?	No.			
	If so, give name of Insurer	n/a			
	Estimated total value of all the property insured under the policy	R	0.00		
PAYMENT METHOD	When last valued?				
	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.				
	Name of Bank	Nedbank	Branch	198765	
DECLARATION	Name of Account	Blackhound Enterprises (PTY)Ltd.	Account Number	1212774191	
	I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.				



Insured's Signature

Capacity

DIRECTOR

Date

04/05/2023

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

[illegible]