# 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 |
| | Date reported to Police | |
| **OTHER INTEREST** | Has any other party an interest in the insured property, e.g. Credit Agreement? | |
| | If so, give name and interest | n/a |
| **OTHER INSURANCE** | 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 |
| | When last valued? | |

**PAYMENT METHOD**

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 |
|---|---|---|---|
| Name of Account | Blackhound Enterprises (PTY)Ltd. | Account Number | 1212774191 |

**DECLARATION**

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 | Date |
|---|---|---|
| | DIRECTOR | 04/05/2023 |