



COMMERCIAL & INDUSTRIAL
ACCEPTANCES

P O Box 615 Bedfordview, 2008
18 Skeen Boulevard
Bedfordview.
TEL 011-455-4141
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PROPERTY DAMAGE and PUBLIC LIABILITY CLAIM FORM

Broker	FSPA MANAGERS AND CONSULTANTS	Tel No	041-3634668	Fax No	041-3633989
Policy Number	CIA 0000-53830				
Insured	WALMER PARK BODY CORPORATE				
Postal address	PO BOX 27311, GREENACRES, PORT ELIZABETH, 6057				
Contact details of the Insured / Tenant / Responsible person					
Name	WALMER PARK BODY CORPORATE				
Tel No		Fax No		Cell	
Address where loss occurred					
Were the premises occupied at the time of the loss?				Yes	No
If not, when last was it occupied?					
Purpose of occupation					
Date of damage or loss					
Description of damage to property OR of injury or damage to Third Parties					
What caused the Loss / Damage or Injury?					
Estimate of damage or amount claimed by Third Parties					R
In the event of loss or damage due to Theft					
Police ref.no.		Police Station		Date reported	
Details of Third Party in respect of Public Liability claims					
Name					
Address					
Contact details					
Tel No		Fax No		Cell	
Details of any witnesses					
Name					
Address					
Tel No		Fax No		Cell	

Date _____ Signature _____