

CONTRACT WORKS

Claim Form

To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail.

BROKER

POLICY

DETAILS OF INSURED

Insured name

Business address

Insured contact person

Cell number

Telephone number

E-mail address

DETAILS OF THE CONTRACT / WORKS

Description of the work

Contract number

Type of contract

ie. JBCC, GCC, FIDIC, NEC

Contract value

Contract period

*(start date and completion date)

If not yet completed, please advise the anticipated date of completion

Party responsible for contract works and liability insurance

***Please ensure that the relevant extracts from the contract document is supplied to verify the above requested information together with a copy of the Bill of Quantities.**

Details of loss / damage

Date and time of loss /
damage

Detailed description of
how the loss occurred

***Please include colour photographs to demonstrate what happened.**

Western National Insurance Company Limited
Western Square, Ballot Street, P O Box 31366, Windhoek, Namibia

Place where loss / damage occurred

Were the premises occupied, if so, by whom?

Is there any other insurance covering this loss, if so, by whom?

The Insured's formulated claim together with substantiating documents.

Support documents as follows

Original purchase invoices
Tax invoices / quotes in respect of repair / replacement
Delivery notes

In the event of theft or malicious damage, please supply the following details

Police station loss / damage was reported to

Date reported

Were the premises fenced and was there access control to and from the site

Was the theft / damage accompanied by forcible and violent entry or exit?

***Please note that in the event of a theft a copy of the police report will be required in order for us to process the claim.**

DECLARATION

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise Western National Insurance Company Limited in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

I understand that I may be liable for output VAT in terms of the Value-Added Tax Act, 10 of 2000.

<input type="text"/>	<input type="text"/>
Full name	Capacity
<input type="text"/>	<input type="text"/>
Signature	Date

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