



Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview
P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2009/015923/07 | VAT Registration Number: 4020257368

Tel. No.: 011 615 7529 | Fax: 011 615 9360 | Website: www.engineeringace.co.za

Contractors PLANT 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 No.: _____

Telephone No.: _____ E-Mail address: _____

Details of Plant:

Item No. on Policy Schedule: _____

Make and Model of Machine: _____

Vin/Serial/Engine No. _____

Hours on the clock: _____

Age of Plant or Machine: _____

Was the unit hired-in: _____

Does any other party have interest in the insured property e.g. credit agreement:

If yes, please supply full details of the party: _____



Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate

7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview
P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2009/015923/07 | VAT Registration Number: 4020257368

Tel. No.: 011 615 7529 | Fax: 011 615 9360 | Website: www.engineeringace.co.za

Details of the Loss/Damage

Date and time of loss/damage: _____

Detailed description of how the loss occurred ***(Please attach colour photographs to demonstrate what happened)***: _____

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

Place where loss/damage occurred: _____

If loss was caused by another party, give their full name and address: _____

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

Please also supply us with a copy of the Operator’s Certificate of Competence.

In the event of theft/malicious damaged, please supply us with the following details:

Full copy of the police report to be submitted

Police station to which the incident was reported: _____

Date reported: _____

Police Case Number: _____

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 AC & E Underwriting Managers 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.

Full Name: _____ Capacity: _____

Signature: _____ Date: _____