



# KUDA PROPERTY LOSS CLAIM FORM

## INSURANCE DETAILS

Insurance Company's Name	
Policy Number	

## INSURED DETAILS

Contact Person			
Email Address			
Policy Holders Name			
VAT Number (Company Policies Only)			
Physical Address			
ID Number			
Cell Number		Work Telephone No.	

## DETAILS OF LOSS OR DAMAGE

Date & time of loss/damage		
When was the loss/damage discovered?		
Address where loss occurred		
Were premises occupied? By whom?		
If not occupied, when last occupied?		
Describe fully how loss/damage occurred. (if applicable state how entry was gained to premises.)		
Was burglar alarm activated?	YES	NO
If loss/damage caused by another party provide name & address.		
Have you previously had a loss/damage?	YES	NO
If so, give details		
If insured, provide name of Insurer		

## POLICE DETAILS

Police station reported to		
Case Number/Date reported		
Is there any other insurance covering this loss/damage?	YES	NO
If so give name of Insurer		

### KUDA HOLDINGS (PTY) LTD

BIG BAY OFFICE PARK, 2<sup>ND</sup> FLOOR, CORMORANT ROAD, BIG BAY 7441 | PO BOX 151, BLOUBERGSTRAND, 7441 |  
T 021 554 5832 | COMPANY REG 2008/018404/07 | VAT NUMBER 4570254054 | AUTHORISED FINANCIAL  
SERVICES & CREDIT PROVIDER | FSP 38382 | NCRCP 12527 | APPROVED LLOYD'S COVERHOLDER | PIN112897C.JS  
DIRECTORS: W SMITH, B KANTOR, G PUNT  
[WWW.KUDA.CO.ZA](http://WWW.KUDA.CO.ZA)

### INSURER:

INFINITI INSURANCE LIMITED  
BLOCK F UPPER GRAYSTON OFFICE PARK  
152 ANN CRESCENT STRATHAVON 2031  
T 011 505 0000 F 011 505 0001



# KUDA PROPERTY LOSS CLAIM FORM

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 circumstance described above.

Signature of Insured

Capacity

Date

NO	DESCRIPTION – MAKE & MODEL	SERIAL NUMBER	DATE/YEAR ACQUIRED	AMOUNT CLAIMED

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