



**NICO
General**

associated with Sanlam group

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CLAIMS SURVEY REQUEST FORM

SECTION A: (To be completed by Claims Department)

ASSESSOR: _____

Please assess the following loss and submit your report to this office. The loss and underwriting details are as follows:-

INSURED: _____ SITUATE: _____

DATE OF ADVICE OF LOSS: _____ DATE OF LOSS: _____

CAUSE OF LOSS: _____ POLICY NO.: _____

PERIOD OF INSURANCE: FROM: _____ TO: _____

INSURED PERILS : F/ L BD RSMD EXP EQ EQFS SC SP (____%)

(Tick cover applicable)

FULL DETAILS OF DAMAGE	PROPERTY INSURED
EXCESS / DEDUCTIBLE: K	
DATE OF COMPLETION:	
NAME OF CLAIMS STAFF	
SIGNATURE:	

SECTION B: (To be completed by Surveyor)

ESTIMATE OF LOSS

- (a) Buildings K
 - (b) Contents K
 - (c) Tobacco Leaf K
 - (c) _____ K
 - (d) _____ K
- TOTAL _____

SITUATION OF LOSS:

- Distance :
- Type of access road :
- Suitable Vehicle :

SECTION C: APPROVAL BY HEAD OFFICE

(a) SURVEY TO BE CARRIED OUT

i) Urgently

ii) Normal

iii) Not required

(b) TRANSPORT TO BE USED

i) Pool Vehicle

ii) Hired Vehicle

iii) Not required

SIGNATURE:

DATE: