



**FPA UNDERWRITING MANAGERS (PTY) LTD**  
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UNDERWRITING MANAGERS FOR CENTRIQ  
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**PROPERTY DAMAGE and PUBLIC LIABILITY CLAIM FORM**

Broker		Tel No		Fax No		
Policy Number						
Insured						
Postal Address						
<b>Contact details of the Insured / Tenant / Responsible person</b>						
Name						
Tel No		Fax No		Cell		
Address where the 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						
<b>Description of damage and property OR of injury or damage to Third Parties</b>						
<b>What caused the Loss / Damage or Injury?</b>						
Estimate of damage or amount claimed by Third Parties				R		
In the even of loass or damage due to Theft						
Police ref.no		Police Station		Date reported		
<b>Details of Third Party in respect of Public Liability claims</b>						
Name						
Address						
<b>Contact details</b>						
Tel No		Fax No		Cell		
<b>Details of any witnesses</b>						
Name						
Address						
Tel No		Fax No		Cell		
Date			Signature			