

CLAIM NOTIFICATION TO HOLLARD – FULL BINDERS

Attention _____ No of pages _____

General

Sub-broker _____

Insured _____

Claim number _____

Policy number _____

Date of loss _____

Date reported to broker _____

Policy section _____

Item number _____

Estimate (OD) R _____ (TP) R _____ TOTAL R _____

Premium paid YES NO

Incident description _____

Attachments

Claim form	Assessor's/Loss Adjuster's report
Policy schedule	Other
Premium paid confirmation	Reason for late notification
Claims history	

Reason for referral to Hollard

Over mandate	Partial rejection
Liability claim	Ex gratia request
Technical	Sasria claim
Staff claim	Late notification
Fire claim	Stolen/Hi-jacked vehicle
Possible rejection	

Claim referred by _____ Name _____

Date _____