



## REPORTING OF POSSIBLE PI INCIDENT/CLAIM

1. Broker \_\_\_\_\_

2. Contact number \_\_\_\_\_ 3. Policy number: CN \_\_\_\_\_

### Claimants information: Person claiming from you?

a) Name & surname \_\_\_\_\_ b) Contact number \_\_\_\_\_

### Description of events

d) Date and time of the incident/claim \_\_\_\_\_

e) When did you become aware of the incident/claim \_\_\_\_\_

f) Estimated amount of claim: R \_\_\_\_\_

g) Short description of facts/incident: (Attach documents where available) \_\_\_\_\_

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\_\_\_\_\_

(Use separate pages if necessary.)

I affirm that the above facts are a true and accurate statement of the incident to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

underwritten by

**Broker Protect administered by Snyman & Van der Vyver Finansiële Dienste (Edms.) Bpk.  
Snyman & Van der Vyver Financial Services (Pty) Ltd. A wholly owned subsidiary of Santam Limited.**

Tyger Lake Gebou/Building, 2 Niagra Weg/Way, Tyger Falls. Belville 7530  
Posbus / PO Box 5200, Tygervallei/Tyger valley 7536  
T: (021) 940 8092 | E: info@svdv.co.za | F: (021) 940 8090 | www.brokerprotect.co.za



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'n Goedgekeurde FDV Nr. 13455/An Authorised FSP No. 13455