



A C and E Engineering Underwriting Managers (Pty) Ltd

Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate



7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview
P O Box 752189, Gardenview, 2047, Republic of South Africa

Company Registration Number: 2009/015923/07 | VAT Registration Number: 4020257368

Tel. No.: 011 615 7529 | Fax: 011 615 9360 | Website: www.engineeringace.co.za



Contractors PLANT Claim Form

To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail

AC&E Policy Number:	
Broker Name:	

1. Details of Insured:

Insured Name:			
Business address:			
Insured Contact Person:		Cell No.:	
Telephone No.:		Email address:	

2. Details of Plant:

Item No. on Policy Schedule	
Make and Model of Machine:	
Vin/Serial/Engine No.	
Odometer reading (Hours or KMs):	
Age of Plant or Machine:	
Was the unit hired-in OR out:	
Does any other party have an interest in the insured property, e.g. credit agreement:	
If yes, please supply full details of the party:	

Managing Director: Anne-Marie Fourie

Reg. No: 2009/015923/07 - VAT No: 4020257368- An Authorised Financial Service Provider – FSP 43281

POPIA Notice: The information requested and provided will be solely used in order to finalise the claim



3. Details of the Loss/Damage:

Date and time of loss/damage: _____

Detailed description of how the loss occurred*(Please attach colour photographs to demonstrate what happened):

Place where loss/damage occurred: _____

Please confirm current location of plant: _____

Claim estimate (Please submit repair quotation, if available): _____

If the loss was caused by another party, give their full name and address: _____

Is there any other insurance covering this loss, if so, by whom? _____

Please also supply us with a copy of the Operator's Certificate of Competence.

In the event of theft/malicious damage, please supply us with the following details:

- ✓ **Full copy of the police report to be submitted**
- ✓ Police station to which the incident was reported: _____
- ✓ Date reported: _____
- ✓ Police Case Number: _____

4. Declaration:

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise AC & E Engineering Underwriting Managers in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

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Full Name in Print:		Capacity:	
Signature:		Date:	