

TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Lionshead House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

T: +27 21 701 8023

E: info@trimarine.co.za

STOCK THROUGH PUT (STP) – CLAIM FORM

DOCUMENTATION REQUIRED

To enable claims to be dealt with promptly, the Insured or their Agents are advised to submit all available supporting documents without delay, including when applicable:

- Original policy or certificate of insurance or marine declaration as applicable.
- Original or copy of all invoices, delivery notes, receipts and correspondence supporting the claim.
- Insured's formal priced claim on official company letterhead.
- Proof of banking details no older than three months old.

INSURED'S DETAILS:			
NAME OF INSURED:			
CONTACT NAME:			
TELEPHONE NUMBER:			
PHYSICAL ADDRESS:			
VAT REFERENCE NO:			
BROKER'S DETAILS:			
NAME OF BROKER:			
CONTACT NAME:			
TELEPHONE NUMBER:			
BROKER'S REFERENCE:			
POLICY DETAILS:			
POLICY NUMBER:			
DEDUCTIBLE:			
POLICY PERIOD:	FROM:	TO:	
CLAIM INFORMATION:			
DATE OF LOSS / DAMAGE:		TIME:	
ADDRESS WHERE THE THEFT/LOSS/FIRE/DAMAGE OCCURRED:			
BY WHOM WAS IT DISCOVERED?			
DESCRIBE THE CAUSE OF THE LOSS AND THE MANNER IN WHICH IT OCCURRED:			

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DECLARATION

I/We solemnly declare that I/We have suffered loss or damage to the property as described above and that the said loss/damage occurred in the circumstances described.

GENERAL POPI CONSENT CLAUSE

By providing the information on your claim form, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

Should a settlement be accepted following the completion of this claim form,

The Parties acknowledge that for the purposes of performing this contract, it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa, for use in connection with the performance of this contract and any related reinsurance contract.

NAME OF SIGNATORY:

SIGNATURE:

DATE: