



PO Box 1325  
SCOTTBURGH  
4180

TEL: 039-9782220  
FAX: 039-9781123  
[www.scottfin.com](http://www.scottfin.com)

**FAST TRACK CLAIM FORM**

**CLAIM NO**

**INSURED**   
**INSURED'S POLICY NO**

**CONTACT NO'S** **HOME**   
**WORK**   
**CELL**

**NOTIFIED BY**

**INSURANCE COMPANY**

**POLICY SECTION**

Machinery	BUILDING	ALL RISK SPECIFIED	ALL RISK UNSPECIFIED
YES / NO	YES / NO	YES / NO	YES / NO

**ENDORSEMENT/WARRANTIES** YES / NO

**DATE OF LOSS**

**RISK ADDRESS**

**DETAILS OF LOSS**

**SAPS STATION & REF NO**

**ITEMS CLAIMED**

**AMOUNT/S CLAIMED**   
**R**   
**R**

**EXCESS** YES / NO

**EXCESS WAIVER** YES / NO

**SALVAGE** YES / NO

**BANKING DETAILS**

<b>BANKING INSTITUTION</b>
<b>ACCOUNT HOLDER</b>
<b>BRANCH CODE</b>
<b>ACCOUNT NUMBER</b>
<b>ACCOUNT TYPE</b>

**DONE BY**  **DATE**