



Safire House, Redlands Estate, 1 George MacFarlane Lane, Pietermaritzburg, 3201

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PLANTATION FIRE CLAIM FORM

CLAIM NO.: _____ CERTIFICATE NO.: _____

Please note ALL questions must be answered.

1. NAME OF MEMBER.: _____ TELEPHONE NO.: _____

2. NAME OF FARM / PLANTATION: _____

3. DATE AND TIME OF OUTBREAK: _____

4. a) Did the fire start on the insured estate? YES NO

b) if **NO**, please state NAME and ADDRESS of the owner of the land where the fire originated:

5. Please state the cause of the fire and give your reasons therefore:

6. Were there adequate boundary firebreaks of at least 9 metres in width on the estate? YES NO

If **NO** please clarify: _____

7. a) Did the fire at any stage cross any internal/boundary firebreaks? YES NO

If **YES**, did the firebreaks comply with the warranties? i.e. was the adequate width of 3 metres for internal
and 9 metres for boundary firebreaks adhered to?

YES NO

b) To your knowledge was there any breach in the Certificate conditions/warranties?

YES NO

If **YES**, please elaborate: _____

8. In your opinion, was the fire due to negligence of any person, state NAME and ADDRESS.

(In terms of your Certificate you are obliged to assist Insurers in any recovery action.)

SHOULD INFORMATION BECOME AVAILABLE AT A LATER STAGE SUGGESTING NEGLIGENCE OF A THIRD PARTY, IT IS VITALLY IMPORTANT TO REPORT SAME TO THE CO-OPERATIVE.

9. a) What were the weather and wind conditions prior to the fire?

b) What were the weather and wind conditions during the fire?

10. a) Who first observed the fire?:

NAME: _____ TELEPHONE: _____

ADDRESS: _____

b) Relationship to Member, if any? _____

11. a) Name of responsible person in charge of fire fighting operation:

b) Estimated number of labourers in attendance: _____

c) Details of fire fighting equipment used to subdue the fire:

12. Compartment first affected/threatened: _____

13. Briefly, explain how the fire was extinguished?

14. a) Are you a member of an AERIAL BOMBING ASSOCIATION? YES NO

b) Did you call for assistance? YES NO

c) If **NO**, please state your reasons therefore:

15. a) Have you experienced labour problems during the current fire season? YES NO

b) If **YES**, please give details for possible SASRIA claim:

16 a) Estimated amount of loss excluding Debris Removal:

SPECIES	COMP. NO.	AGE	AREA	CERTIFICATE	VALUE/HA	TOTAL VALUE
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b) Debris Removal cover of R _____ is included and has been calculated as follows:

17 a) In your opinion is salvage available? If **YES**, please provide details:

TYPE	COMP. NO.	AGE	AMOUNT
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b) Are any salvage offers forthcoming and if so please state:

NAME	COMP. NO.	AMOUNT OFFERED
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ALL SALVAGE OFFERS SHOULD BE IN WRITING ADDRESSED TO SAFIRE.

18. Name of POLICE STATION to which fire was reported, if arson suspected and relevant case number:

19. Has your premium been paid? YES NO

20. VAT Registration No. _____

I / WE DECLARE THAT THESE PARTICULARS ARE TRUE AND COMPLETE:

SIGNATURE OF MEMBER: _____ DATE: _____