

How to complete insurance claim forms for community schemes

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A claim form is laid out in a format which helps the insurer to collect all the information they require to process the claim. It is usually a condition of a policy that the insured completes forms needed by the insurer to process claims.

What is an insurance claim?

An insurance claim is a formal request by the insured, i.e. the policyholder, to an insurer for compensation for a covered loss or policy event in terms of the policy. The insurance company validates or rejects the claim and if it is approved, the insurance company make payment to the insured or an approved interested party on behalf of the insured.

There are conditions attached to the claim and submission being made, such as:

- notifying the insurer immediately of a loss and submitting a claim within 30 or 31 days of the loss,
- not attending to any repairs (save for emergency repairs of an extreme nature) before the insurer has assessed the damage,
- providing details as to cause,
- keeping any damaged or salvage for the insurer (not disposing of damaged items until assessed), and
- providing accurate dates and times of the occurrence, etc.

Some insurers will accept telephonic or call centre claims, electronic app claim submissions and other means but for non-geyser claim there are some advantages to submitting a claim form.

Always remember that claims often become litigious and for that reason it is critical that claim documentation is always comprehensively and accurately completed, as well as properly signed and attested.

Addsure has designed generic claim forms which have been approved by various insurers. These have been laid out to suit community schemes so that disputed claims are in correct format – being both in line with the insurer's needs and current community scheme legislation so that it will be able to stand up to any relevant scrutiny.

Insurance Company Name and Policy Number

Whilst seemingly obvious, take great care in stating the correct insurer and double-checking the policy number. Days can be wasted by claim submissions to the incorrect insurer or claims registered on the incorrect policy number. Underwriting managers such as CIA and CIB have similar abbreviated names and a simple typo could send the claim to the wrong place.

Name of body corporate / share block / HOA

Provide the full name of the scheme as well as whether it is a body corporate, HOA, or share block; for example, *Lighthouse Body Corporate* or *Ocean View HOA*. Many schemes have the same or similar names and can be easily confused.

Address where loss/damage occurred

This helps identify the building and will be cross-referenced with the risk address on the policy as part of the validation process. It also helps a loss adjuster or contractor needing to attend to the damaged site.

Unit/section number where loss or damaged occurred

Once at the address, the loss adjuster or contractors will need to know where exactly to find the damaged area. If a part of the common property is damaged, it will be helpful to state the area and describe where on common property the damage can be found, e.g. *common property – roof above building 5* or *common property – north boundary wall*.

Were the premises occupied, and by whom?

State who was occupying the property in the case of a damaged section and list the occupier's contact number. This person is likely a witness, and the loss adjuster may seek some background information. If not occupied, the insurer will need to know as most policies have terms or different excess structures when not occupied.

Contact details

Contact details are naturally important so the person dealing with the claim can be contacted. Damaged sections will usually involve the owner, tenant, resident trustee or estate manager in the case of common property. When a loss adjuster is appointed, this person will need to be contacted.

In the case of a multiple claim, i.e. involving numerous sections, a separate list of contacts would be provided.

Date and time of loss/damage

Here you need to include the date and time that the damage occurred as the DOL (date of loss). An insurance event is defined as a once-off and sudden and unforeseeable event; therefore, the insurer needs to know exactly when the event occurred as part of the verification process. A common mistake made in community schemes, is to estimate the DOL or use the date of the contractor's invoice. This error may lead to the claim being rejected, especially in a case where, for example, a storm damage claim is being made on a clear day or lightning damage on a day of no lightning strikes.

When was the loss/damage discovered?

This question – whether occupier was there when the event occurred or not – contextualizes the circumstances in many cases. Sometimes storm damage occurs when an owner is away on holiday and the damage is only discovered upon their return. At the point of discovery later on, mould could have developed which normally indicates damage over time. This question will explain something like mould or older *sudden* damage, and it may also indicate whether the property was occupied or not. It will also assist the insurer to consider a late claim notification.

Detailed description of damage to property or of injury to third parties or damage to third party property

This important area should be answered carefully. The first half refers to damages claims and the second half only if a liability claim. We will deal with "Detailed description of damage to property" only in the case of a property damages claim. We often see answers like "rain" or "storm damage" or "replacing flooring".

We suggest a brief description of actual damage plus cost of repair/replacement, for example:

Laminated floor lifting / damaged (bedroom 4m x 4m) R20,000

Ceiling Damage (2m x 4m) R8,000

Total estimated damages R28,000

(see photos, report and quotations attached)

If there is extensive damage, list the damage in a similar format to the example above on a separate sheet and state "see addendum A" in this section. Then add the information as an addendum.

This is what the claims handler or claims manager at the insurer will need in order to determine whether a loss adjuster is needed or whether there is sufficient information to authorize repairs immediately.

What caused the loss / damage / injury?

In this section a claimable event is stated. This section is also often incorrectly answered which leads to the claimant prejudicing the claim in the process.

Here are some examples to correctly complete this part:

Severe storm (heavy rain, hail and wind) which lifted tiles and damaged coping

Or

Bath Overflowed and water flooded the bathroom and passage area

Or

Sudden appearance of water from ceiling, pouring down wall from cornice. Washing machine coupling from upstairs apartment caused a flood upstairs which has penetrated the slab.

Or

Fire in kitchen caused by a pan on the stove catching alight

Always read back the question and check that it is answered appropriately.

Loss/damage due to theft or vehicle impact

The part of the form which makes provision for a SAPS reference number or case numbers. In the event of a vehicle impact damages claim, a trustee, owner or guard should report as a witness and complete accident statement at the nearest SAPS office. The third-party driver may have an alternative version of events so it is always best to file a report with SAPS.

Also, in the event of theft or break-in damages, a SAPS report will be required by the insurer with regard to their subrogated rights. They can often use the report to recover claim costs from the other party or their insurer.

If loss or damage is caused by another party / caused to another party

Details of the other party is required here to enable the insurer to make a recovery (if viable) and reduce claim costs.

If caused to another party, for example, another party's vehicle is damaged due to body corporate negligence and information is required in terms of a possible liability claim.

Have you previously suffered a loss/damage?

This is a standard claim question but for community schemes just state "*per claims history*".

Body corporate / HOA bank details

Even though reference is made to paying to the reserve fund, we strongly advise that the premium paying account should be used for claim disbursements. This will reduce the risk of computer crime. We recommend stating "*premium paying account*" and insert stars **** in place of account number.

Signing the claim form

Strictly speaking, claim forms should be signed in terms of PMR 10 for bodies corporate, i.e. signed by two trustees, or one trustee and the managing agent.

We accept the managing agent's signature unless directed otherwise by the trustees on the principle of good faith and on the assumption that the managing agent is mandated to sign the claim form. Where disputes are likely, we strongly recommend that the forms are signed strictly in terms of PMR 10.

[Watch explainer video on the completion of insurance claim forms](#)

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