

## SITE REPORT

**Ref.No.:** HOL/XXXX  
**External Ref.No.:** E1868FA7-90FE-46AB-8EAD-7DF84B64BF0F  
**Site Name:** Redacted Rd, Waterkloof Ridge, Pretoria, 0181  
**Date Received:** 03/07/2025

### CLAIM INFO:

Policy No.:	Redacted
Date of Loss:	18 May 2025
Type of Loss:	Water
Address of Loss:	Redacted Road Waterkloof Ridge
Policy Section:	Water
Sum Insured:	R 4,645,000.00
Value at Risk Indicator:	R 2,920,400.00

### INSURED:

Insured Name:	Redacted
Insured Address:	Redacted Road Waterkloof Ridge
Contact Details:	Redacted
Address of Loss:	Redacted Road Waterkloof Ridge
Site Representative:	Christo Redacted
Representative Contact Details	Redacted
Representative Capacity:	

### INSTRUCTING CLIENT:

Client Name:	Chedza International Loss Adjusters
Contact:	BPO
Phone:	+27 (0)11 463 5900
Email:	bpo@chedza.co.za
Incident Investigator:	Darren Phillips

### EVENT SUMMARY:

Insured Contacted:	03/07/2025
Site Inspection Conducted:	03/07/2025
Incident Report Submitted:	05/07/2025

## SITE INSPECTION CHECKLIST

### AREA TYPE:

Agricultural	<input type="checkbox"/>	Commercial	<input type="checkbox"/>
Industrial	<input type="checkbox"/>	Other	<input type="checkbox"/>
Residential	<input checked="" type="checkbox"/>	_____	

### SECURITY:

No. of External Doors	<input type="checkbox"/>	Monitored Alarm	<input type="checkbox"/>
Burglar Guards	<input checked="" type="checkbox"/>	CCTV	<input type="checkbox"/>
Security Doors	<input type="checkbox"/>	Beams	<input type="checkbox"/>
Perimeter Fencing	<input type="checkbox"/>	Other	<input type="checkbox"/>

### BUILDING:

Single Story	<input checked="" type="checkbox"/>	Multi Story	<input type="checkbox"/>
Double Story	<input type="checkbox"/>	Other	<input type="checkbox"/>
		_____	

### CONSTRUCTION:

Brick & Plaster	<input checked="" type="checkbox"/>	Timber	<input type="checkbox"/>
Face Brick	<input type="checkbox"/>	Stone	<input type="checkbox"/>
Prefabricated Concrete	<input type="checkbox"/>	Other	<input type="checkbox"/>
Steel	<input type="checkbox"/>	_____	

### FLOORING:

Tiles	<input checked="" type="checkbox"/>	Concrete	<input type="checkbox"/>
Fitter Carpets	<input type="checkbox"/>	Skirtings	<input type="checkbox"/>
Timber	<input type="checkbox"/>	Other	<input type="checkbox"/>
Vinyl	<input type="checkbox"/>	_____	
Laminate	<input type="checkbox"/>		

### ROOF:

Concerte Slab	<input type="checkbox"/>	Corrugated Metal	<input type="checkbox"/>
Concrete Tiles	<input checked="" type="checkbox"/>	Harvey Tile	<input type="checkbox"/>
IRB	<input type="checkbox"/>	Thatch	<input type="checkbox"/>
Asbestos	<input type="checkbox"/>	Timber	<input type="checkbox"/>
NuTec Roof Sheeting	<input type="checkbox"/>	Other	<input type="checkbox"/>
Slate	<input type="checkbox"/>	_____	

## ADDITIONAL INFORMATION

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	COMMENT/REASON:
Do you agree with the assigned status of building? <input checked="" type="checkbox"/> YES	
Are other professionals required to assess the building? <input checked="" type="checkbox"/> NO	
Can access be gained to all areas of the site? <input checked="" type="checkbox"/> YES	
Is there visible damage to the building? <input checked="" type="checkbox"/> YES	
Is there visible damage to equipment and/or other movable assets? <input checked="" type="checkbox"/> NO	

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	UTILITY TYPE	DOCUMENTS	RECEIVED	REQUESTED	N/A
	Electricity	Certificate of Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Fire	Fire Department Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		List of fire equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Maintenance/Service Records of all equipment (12 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Rational Fire Design	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Security	Security Contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Incidents Register (12-24 months)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Inventory	Documented Inventory Control Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Lastest Loss Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Roof	Maintenance Records	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		Roof Drawing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Police	Police Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

CATEGORY	DOCUMENTS	RECEIVED	REQUESTED	N/A
Big Data (Market Data / Financial Data / Legal & Regulatory Data)	Recent comparable sales (comps)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Title deed and ownership details	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Market trends and local economic indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Purchase price and date	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	Environmental reports or hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## ADDITIONAL INFORMATION

	COMMENT/REASON:
DESCRIPTION OF RISK:	
DESCRIPTION OF ASSET & SITE: <i>Please describe the building or site &amp; asset main use.</i>	
CAUSE AND EXTENT OF LOSS: <i>In your own words please describe the events that resulted in the loss at the site you are surveying, along with the damage you have observed on site</i>	

## ADDITIONAL INFORMATION

**Damaged Area:** Yes  
**Description of Loss:** Water piping leading to the bath that burst  
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### Main Bathroom (House)

Building Use	Residential
Building Type	Brick & Mortar
Building Size m2	189
Roof Type	Concrete Roof Tile
Building Condition	Fair
Security	Burglar Bars
Is there damage to the building?	Yes
Damage m2	2

### Photos



-25.8149548  
2025-07-03 14:46:34



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2025-07-03 14:46:34



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-25.8149548  
2025-07-03 14:46:34

Voice Note Link 1



Voice Note Link 2



Video Evidence Link 1



Video Evidence Link 2



Video Evidence Link 3



## ADDITIONAL INFORMATION

**Damaged Area:** N/A  
**Description of Loss:** N/A  
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### 1 Bedroom Flat

Building Use	Residential
Building Type	Brick & Mortar
Building Size m2	41
Roof Type	Concrete Roof Tile
Building Condition	Good
Security	Burglar Bars
Is there damage to the building?	No

### Photos



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2025-07-03 14:54:30



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2025-07-03 14:54:30



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2025-07-03 14:54:30

Voice Note Link 1



## ADDITIONAL INFORMATION

**Damaged Area:** N/A  
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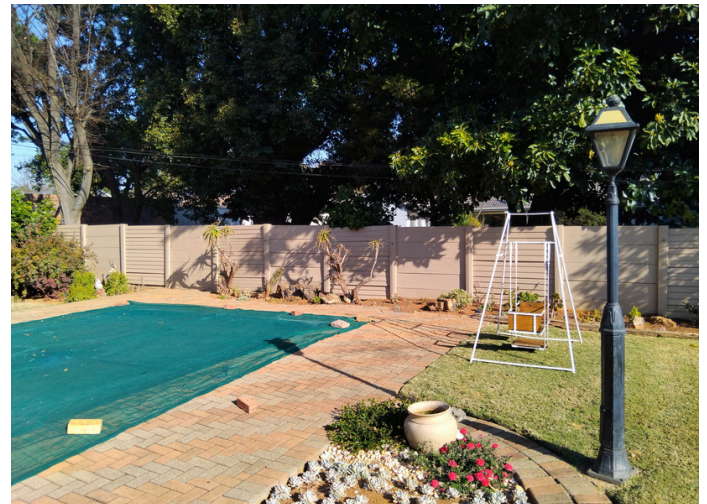
### Precast and Brick Wall

Perimeter Type	Pre-Cast
Entrance Type	Motorised Sliding Gate
Security	None
Condition	Good
Short description of existing perimeter	Electric fencing not working

### Photos



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2025-07-03 14:57:02



-25.815005  
2025-07-03 14:57:02

Voice Note Link 1



Video Evidence Link 1



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### Precast and Brick Wall

Description	12 solar panels but no inverter or batteries
Asset Use	Personal
Asset Value	20000
Asset Serial / VIN Number	1234
Asset Condition	Good

### Photos



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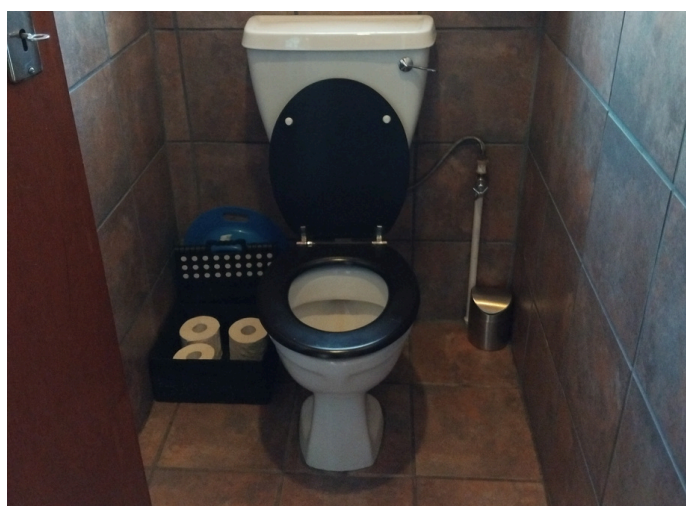
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### Main Toilet

Building Type	Brick & Mortar
Roof Type	Concrete Roof Tile
Building Use	Residential
Building Size m2	189
Building Condition	Good
Short description of existing building	Temporary fix to toilet
Is there damage to the building?	Yes

### Photos



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2025-07-03 15:00:00

Voice Note Link 1



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Main House	
Building Use	Residential
Building Type	Brick & Mortar
Building Size m2	189
Roof Type	Concrete Roof Tile
Building Condition	Good
Security	Burglar Bars
Is there damage to the building?	No
Short description of existing building	22 x11 square meters 3 Beds 2 baths 2 zinc garage, 1 bedroom flat, pool.

## Photos



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Voice Note Link 1



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