INSURANCE PAYOUT REQUEST FORM

Complete this form once the insurance payout has been received in the scheme bank account.

1. CLAIM DETAILS

Building / Community Name	Building / Community Name	Unit Number	Unit Number
Damage / Repair Type	Damage / Repair Type	Insurance Company / Broker	Insurance Company / Broker
Insurance Claim No.	Insurance Claim No.	WCU Task Reference	WCU Task Reference
Date Insurance Claim Submitted	Date Insurance Claim Submitted	Date Payout Received in Bank	Date Payout Received in Bank

2. PAYMENT INSTRUCTION AND PAYOUT CALCULATION

Supplier		Amount Claimed:	R
Owner		Less: Insurance Excess:	R
Other		Insurance Settlement Received:	R
		Special Notes Other specified amount:	R
		AMOUNT TO BE LOADED ON WCU AND PAID BY LKPM ON BEHALF OF THE CLIENT	R

3. SUPPORTING DOCUMENTS AND FILE CHECK	Signature confirming completion
Required document / confirmation. No payment may be processed without a signed Agreement of Loss (AOL). Signed Agreement of Loss (AOL) attached Banking details confirmed where payment is made to an owner or a new supplier. The person who verified the banking details must sign the applicable indemnity form. All supporting documents have been saved in Dropbox and uploaded to the WCU task.	Signature

4. ACCOUNTS SIGN-OFF – KIM / TASHKA ONLY	Signature confirming checked
Insurance control account checked and balanced.	Signature
Supplier ledger checked to confirm the invoice has not already been paid.	Signature
Where an excess or other amount was invoiced to the building, confirm that it was invoiced and received.	Signature

Other notes, comments or checks:

Property Manager

Submit the completed form and all supporting documents through "Sign Flow", in the correct workflow order, before payment is processed.