

CLAIM FORM

FOR ALL RISKS, FIRE,
, MONEY, HOUSEHOLDERS,
HOUSEOWNERS, BURGLARY,
COMBINED, SPECIAL PERILS

POLISNR. . CLAIM NO.

1. THE INSURED

Name Identity No.

Address

Postal code

Occupation or business Telephone No. Home Business

2. Address at which the loss or damage occurred.

3. When did the loss or damage occur? Date Time h (bv./eg. 15h30)

4. Describe fully how the loss or damage occurred.

5. Have you previously suffered a loss? Full description of previous claims/losses

6. Were the premises occupied at the time of the loss or damage? If not, when was it last occupied

7. How were the premises occupied at the time of the loss or damage?

8. Was the loss or damage reported to the police? If not, why not?

If so, when, and where S.A. Police reference no.

9. Are you the sole owner of the lost or damaged property?

If not, give full particulars of other parties concerned

10. Is there a bond on the property? Name of bondholder

11. What is your estimate of the value of the entire contents at the time of the loss or damage?

12. What is your estimate of the value of the building(s) at the time of the loss or damage?

13. Has the building(s) a thatch roof?

14. Is the lost or damaged property insured under any other policy?

If so, give full particulars?

I/We warrant that the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signed at On / / Signature of Insured

