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CLAIM FORM – LOSS OR DAMAGE

Type of Loss:

FIRE	<input type="checkbox"/>	COMB	<input type="checkbox"/>	H/O	<input type="checkbox"/>	H/H	<input type="checkbox"/>	BURG	<input type="checkbox"/>	A/R	<input type="checkbox"/>
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Policy Number: _____ Claim Number: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS IN FULL:

Name of Insured: _____ Occupation: _____

I.D. Number: _____

Telephone Number: Home: _____ Work: _____

1.	Address of premises at which the theft / loss / fire / damage occurred.	
2.	Date of alleged theft / loss / fire / damage.	
3.	By whom was it discovered? When?	
4.	When was it reported to the Police / Fire Brigade? At which Police / Fire Station?	
5.	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises. If loss / damage was caused by another party give name and address.	
6.	Were the premises inhabited at the time of the theft / loss / fire / damage? If not, when were they last occupied?	
7.	Please state exactly how the premises were occupied at the time of the theft / loss / fire / damage.	
8.	Do you suspect anyone for the theft or loss?	
9.	Are you the sole owner of the property which is the subject of this claim? If not, provide names and addresses of those concerned.	
10.	Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance? If so, please give full details.	
11.	What steps are being taken to prevent a recurrence of the loss?	
12.	Please give details of previous losses.	

*Not Applicable to Fire Claims

PARTICULARS OF THE CLAIM

Description of Property Damaged	Date of Purchase	Cost Price	% Of Depreciation	Depreciated Value of Property at time of Damage	Value of Salvage	*Amount Claimed including VAT

Net Amount Claimed: R _____

*If you pay VAT as part of repair or replacement it must be included in the Amount Claimed figures.

I / We understand that the issue of this form is not an admission of liability. I / We declare the foregoing particulars to be true and correct in every respect and that I / We have not withheld from the Company any information within my / our knowledge connected with the loss.

Insured's Signature: _____

Insured's VAT Registration Number (if applicable): _____

Date: _____

AGENT'S REPORT ON CLAIM:

Agency: _____

INSTRUCTIONS REGARDING CLAIMS:

For Buildings:

1. A repairer's estimate giving dimensions and prices of the work required to place the building in the same state of repair as before the damage. No contemplated improvements to be included in the estimate.
2. Amount claimed.

For Furniture, Household Goods, Personal Effects, Stock, Utensils and Implements:

1. List of articles damaged or destroyed.
2. Cost price of each article when bought.
3. Value of each article at the time of damage after deduction for wear and tear or depreciation.
4. Value of salvage.
5. Repairer's estimate if articles can be replaced.
6. Amount claimed.