

PROPERTY LOSS / DAMAGE

CLAIM FORM

INSURED

Name of Insured / Business Name	
Policy Number	
Contact Person	
Contact Phone Number	
Contact Email Address	
VAT number	

INCIDENT

Date of Incident	
Time of Incident	
Risk Address	
Estimate of Loss / Damage	

Is this incident covered under any other policy of Insurance?

☐ Yes

☐ No

POLICE DETAILS

Police station reported at	
Date reported	
Case Number – if applicable	

THEFT / BURGLARY / FORCIBLE ENTRY

Is there a working alarm at the Insured premises where loss or damage took place?

☐ Yes

☐ No

Alarm activation report attached.

☐ Yes

☐ No

Proof of forcible entry (eg: repair or replacement invoice) attached?

☐ Yes

☐ No

Full description of loss.

List of items stolen or damaged

Description of items that are being claimed for	Date Replaced	Cost of Replacement	Supporting documents must be attached. Documents: - - Proof of Original Ownership - Replacement / Repair Invoices

DECLARATION

I/ we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Insurance Company may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that the Insurance Company may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

I understand that I may be liable for output VAT in term of section 8(8) of the VAT Act 89 of 1991.

Insured's Signature	Date
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