

**General Claim
Form****Personal details**

Policy No.:
Client Name:
Postal Address: Postal Code:
Telephone No. Mobile No.
E-mail Address:
PIN No. City/Town

**Technical details****Particulars of Claim**

Date of Loss Time of Loss
How did the loss occur?

If Loss / Damage was caused by another party give:

Name: Mobile No.
Has any other party had an interest in the insured property e.g. Credit Agreement? Yes No
If so, give name and interest.

Loss/Damage Place

Place where Loss / Damage occurred
Were premises occupied? Yes No If so, by whom?
Purpose of occupation?
If not occupied, when last occupied?

Previous Loss/Damage

Have you previously suffered Loss/Damage? Yes No If so, give details

If insured, provide name of Insurer

Other Insurance

Is there any other insurance covering this Loss/Damage? Yes No
If so, give name of Insurer and policy number

Police

Police Station
Date and Time of Report



Value

Estimated total value of all the property insured under the policy at the time of loss/ damage

Payment Method

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account holder, account number and type of account.

Name of Bank

Branch Type of Account

Name of Account holder

Account Number

> Particulars of Claim



| Full description of property lost or damaged | If possible please state (a) Date (b) Place of Purchase | Cost price | Actual value at time of loss after allowing the depreciation | Value of salvage | Costs of repairs (If applicable) | Net amount claimed |
|--|--|------------|--|------------------|----------------------------------|--------------------|
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> **Declaration**

I/We declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident/incident.

Name of Insured: _____

Signature of Insured: _____ Date: _____