

General claim form

All Risk, Fire, Money, Theft, Buildings Combined, Special Perils

Broker details

Broker name		Policy number: Jhb	
Claim number: Jhb		Certificate number	

The Insured

Full names and surname		ID	
Occupation or business			
Address and code			
Postal and code			
Home tel		Cell	
		Fax	
Email			

Details of loss/damage

Address at which the loss or damage occurred	
Date of loss	
Time of loss	
Describe in full how the loss or damage occurred	

Have you previously suffered a loss? Yes ☐ No ☐ If so please provide a full description of previous claims:

Were the premises occupied at the time of the loss or damage? Yes ☐ No ☐

How were the premises occupied at the time of the loss or damage? Yes ☐ No ☐

Was the loss or damage reported to the police? Yes ☐ No ☐ If so:

SA Police reference number Police station Date

Are you the sole owner of the lost or damaged property? Yes ☐ No ☐

If not, give full particulars of the other parties concerned

What is the estimate of the value of the entire contents at the time of the loss or damage? R

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

Does the building have a thatch roof? Yes ☐ No ☐

Is the lost or damaged property insured under any other policy? Yes ☐ No ☐

If so, give full particulars

Statement of Property Lost, Stolen or Damaged

NB: Claims in respect of damage to buildings must be accompanied by a builder's estimate.

I/We warrant 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 above stated occurrence.

Number	Description of property
Date acquired	From whom purchased/acquired
Deduction for wear and tear or value of salvage R	Amount claimed R

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Consent to processing of personal information

☐ I/We consent to the personal information provided by the policyholder or its representatives in terms of this insurance claim:

1. Will be used by the insurer, its employees and agents for the purposes of regulatory compliance to the various Legal Categories as stipulated in the Company's Information Manual.
2. Will be used by the insurer, its employees and agents for the purposes of processing the insurance claim.
3. Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
4. May be verified against legally recognised sources or databases (including credit bureaus).

Declaration

I/We warrant 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 above stated occurrence.

Signed at on the day of 20

Date

Signature of the insured