

Branch:  Team No:

**Question 1.** Name of Insured (In full)   
Address   
  
Postal Address   
Telephone Number (Home)  (Business)  (Cell)   
Occupation/Business   
Policy Number

**Question 2.** Place where loss/accident occurred   
  
Date of loss/accident  Time of loss  am/pm   
Was the loss due to negligence of another party ? ( If so give name and address)

**Question 3.** When were the Police notified ?   
Name of Police station ?  Reference No

**Question 4.** Have you any other insurance policies covering this loss ?   
If so, give details ?

**Question 5.** What action, if any, has been taken to affect recovery ?

**Question 6.** Describe fully how loss occurred

**Question 7.** Have you previously made any claim under a policy of insurance ? If so , give details

I/We declare that the descriptions and quantities of the articles lost, enumerated on the next page, are true and correct in every respect and I/We therefore claim the sum of R (in words)

Signed:    
Claimant  Witness  Date

Please complete the form below, attach original invoices for purchase and quotations for replacement where possible

Item	Description of property	Date of purchase	Where purchased or, if gift, name and address of donor	Cost Price	Deduction for depreciation and/or wear and tear	Amount Claimed	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							