

NON MOTOR CLAIM FORM

Broker's Name _____ Policy # _____

INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)

1 **THE INSURED**
Name _____ Age _____ ID number _____
Physical address _____
Occupation _____ Contact telephone # _____

2 Address where the loss or damage occurred _____

3 Date of loss _____ Time _____ h _____ (eg 11h30)

4 Describe fully how the loss or damage occurred _____

5 Were the premises occupied at time of loss/damage and if so, by whom? _____

6 Was the loss reported to the police? _____ Date _____
SAP crime case # _____ Police station _____

7 Are you the sole owner of the lost or damaged property? _____
If not, provide particulars of other parties _____

8 Estimated value of loss or damage: R _____

9 Is there a bond on the property? _____ Name of bondholder _____

10 Have you suffered a loss previously? _____
If yes, please provide full description of previous claims/losses within the past 5 years _____

11 Is the property lost/damaged insured under any other policy? _____
If so, provide full particulars _____

DECLARATION

I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim, and I render to the company every assistance in my power in dealing with the matter. I also declare that there is no other insurance under which a claim can be made and that the said property is my sole property (unless declared otherwise).

DATE _____ SIGNATURE OF INSURED _____

Description of property	Date acquired	From whom purchased	Amount claimed
1			R
2			R
3			R
4			R
5			R
6			R
7			R
8			R
9			R
10			R
11			R
12			R
13			R
14			R
15			R
16			R
17			R

DECLARATION & STATEMENT

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I /We consent to such information being disclosed to any other insurance company or its agent. I/we also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent.

I/We further declare that all particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

DATE _____

SIGNATURE OF INSURED _____