

General Claim Form

Policy/Certificate no.

Kindly give full information as requested, below

1. Name and address of the insured person/s Contact telephone number	
2. State where the loss occurred	
3. Cause of loss	
4. Date and time of loss	
5. State fully how the loss occurred (If burglary, how was entry effected?)	
6. Was the loss due to the negligence of another party? (if so, give name and address)	
7. Have you any reason to suspect any particular person? (if so please give full particulars, which will be treated as confidential)	
8. At which Police Station did you report the loss and what is SAPS reference no.? (If not reported, what was the reason for not doing so?)	
9. What is a reasonable estimate of the TOTAL VALUE of all the goods insured? (including value of goods lost)	
10. Is there any other insurance covering the property claimed for?	
11. Have you previously made any claim under a policy of insurance? (If so, please give details)	

I / We declare that the property enumerated on the back hereof was in my possession and has been lost to me/us solely by the occurrence of one of the risks covered by the aforementioned policy, viz the risk of and that I/we are in no way privy to the loss.

I/We accordingly claim upon the insurers the amount of R..... (see list on reverse) as compensation for my / our loss.

I/We undertake, in the event of recovery of the lost property, to allow the insurers credit for same.

I/We declare that I/we am/are the sole owner/s and that no other person has an interest in said property.

Date

Signature.....

IMPORTANT – FAILURE TO PROVIDE ALL DETAILS AND SUPPORTING DOCUMENTS MAY PREJUDICE YOUR CLAIM

Item No.	Description of goods	Date purchased	Where purchased	Purchase price	Current replacement cost	Discount for wear and tear / depreciation	Amount claimed
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							