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GENERAL CLAIM FORM

Policy Number

Kindly give full information, as requested below :

1.) Name and address of the insured person(s) Telephone number(s)	
2.) ID number	
3.) State where loss occurred	
4.) Cause of loss. State fully how the loss occurred. (If loss occasioned by Burglary, how was entry effected?)	
5.) Date and time of loss	
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, give full particulars, which will treated as Private and Confidential.)	
8.) At which Police Station did you report the occurrence? Police Reference Number. (If not reported, please state why not.)	
9.) Is there any other insurance covering the property being claimed for?	
10.) Have you previously made any claim under a Policy of Insurance? If so, please give details.	

I / We solemnly declare that the property listed on 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 am / are privy to the loss.

I / We accordingly claim upon the Insurers of the sum of R (See list on back)

I undertake in the event of recovery of the loss 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 the said property.

Date Signature



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