

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	

Details of loss/damage

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?		
Was the loss or damage reported to the police?	Yes	No
If so, when and where?		
SA Police reference number	Police station	
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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Declaration

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Signed at	Date
Signature of the insured	