

General claim form

All Risk, Fire, Money, Theft, Buildings Combined, Special Perils

Consent to processing of personal information

I/We consent to the personal information provided by the policyholder or its representatives in terms of this insurance claim:

- 1. Will be used by the insurer, its employees and agents for the purposes of regulatory compliance to the various Legal Categories as stipulated in the Company's Information Manual.
- 2. Will be used by the insurer, its employees and agents for the purposes of processing the insurance claim.
- 3. Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
- 4. May be verified against legally recognised sources or databases (including credit bureaus).

Broker details Broker name Policy number: Jhb Claim number: Jhb The Insured

Company name

Nature of business

Address and code

Postal and code

Home tel Cell Fax

Email

Details of loss/damage

Address at which the loss or c	lamage occurred				
Date of loss	Time of lo	oss			
Describe in full how the loss o	or damage occurred				
Have you previously suffered claims:	a loss? Yes N	o If	so please pro	vide a full descri	ption of previous
Were the premises occupied a	at the time of the lo	ss or damag	e? Yes	No	
Was the loss or damage repor	ted to the police?	Yes	No If so	:	
SA Police reference number		Police	station		Date
Are you the sole owner of the			Yes No		
What is the estimate of the va	alue of the entire co	ntents at th	e time of the	loss or damage?	R
What is the estimate of the va	alue of the building((s) at the tim	e of the loss	or damage? R	
Does the building have a that	ch roof? Yes	No			
Is the lost or damaged proper If so, give full particulars	ty insured under an	ny other poli	cy? Yes	No	

Statement of Property Lost, Stolen or Damaged

NB: Claims in respect of damage to buildings must be accompanied by a builder's estimate.							
Description	Date purchased	Value (Rands)	Deduction for wear and tear or value of salvage (Rands)	Amount claimed (Rands)			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
Sum Total							
Please note: Continue on a separate document if needed and attached with your claim form.							

Declaration

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.								
Signed at	on the	day of	20					
Date								
Signature of the insured								