



(All Risks, Householders, House Owners)

PERSONAL DE	ETAILS												
Insurer:						Policy no:							
Insured name:						Claim no:							
Occupation / Busine	ness:												
Contact Details	s												
Tel no landline:						Cell no:							
Email:													
Address:													
									Po	stal code:			
ADDRESS WHE	ERE LO	SS OCCUR	RED:										
Address:													
	Ī								Po	stal code:			
Date of loss:	[Time	of loss:					
Briefly describe how	l ow the los	s/damage occ	curred:					C. 1000.					
Energy december new													
Have you previousl	sly had a o	claim/loss?								Y	'ES	NC)
If yes – please des	scribe bel	ow.											
n you ploade door	301100 001												
Were the premised	d occupie	d when the lo	ss/damage occ	curred?						V	ES	NO	_
Were the premised occupied when the loss/damage occurred?										110	_		
If no – when was it last occupied? If yes – how was the premises occupied & by whom?													
If yes – now was th	ne premis	es occupied &	k by wnom?										
Reported to					Nan	ne & Tel no:							_
Police Station:					, tan	110 a 101110.							
Case no:								Date	:				
Are you the sole ow	wner of th	e property?						_		V	=0	NO	
Are you the sole owner of the property? YES NO If not – please provide full details of the other parties concerned:													
ır not – please prov	viae tuli d	etails of the of	ner parties co	ncerned:									





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Is there a bond on the property?	YES NO							
If yes – please provide full details (Name, address, contact no of bond holder):								
What is the estimate of the value at the time of loss?	Contents:	R						
	Buildings	R						
Does the building have a thatched roof?	Yes No							
Is the lost/stolen/damaged property insured under any other policy?	Yes No							
If yes – please provide full details:								
Client's signature	Date signed:							