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because it matters

## **GENERAL CLAIM FORM**

FOR ALL RISKS, FIRE, MONEY, HOUSEHOLDERS, HOUSE OWNERS, BURGLARY, COMBINED, SPECIAL PERILS

## Declaration I/We warrant the truth of the answers to the question below and I/we declare that no information has been withheld and that the amount claims represents my/our loss arising from the stated occurrence. By submitting this claim I declare herewith that I am the Insured in terms of this policy. Policy No: ...... Claim No: ...... Insurer:.... Name of Insured or Company Name and Postal Address: Phone Number - Work & Cellphone Number: Time and date of Loss: Describe fully how the loss or damage occurred: At what location (address) did the loss occur? Police Station, officer and reference number (if applicable) I/We certify/declare that the above information is correct.

Signed at ...... on ......

Signature of Insured:.....

## STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

**NB**: CLAIMS IN RESPECT OF DAMGE TO BUILDINGS MUST BE ACCOMPANIED BY A BUILDER'S ESTIMATE

Number	Description	Date Acquired	From whom purchased or acquired	Amount
			- Al-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A-A	