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CLAIM FORM

Insured	Name		
	Policy number		
	e-mail address		
	Contact person		
	Contact number		
	VAT Number		
Incident	Date and time of incident	Date:	Time:
	Place of loss		
	Estimate		
	Is this incident covered under any other policy of insurance	YES	NO
Police	Place where reported		
	If reported - provide case number		
Payment Instructions	Bank Name		
	Bank Account Number		Amount
	Bank Account Name		
	Branch		Reference
	Branch Code		
Declaration	I / we declare that to the best of my / our knowledge the above statements are true/		
	Insured's Signature	Capacity	Date of Signature