



P.O. Box 5881, Tygervalley, 7536, RSA  
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## CLAIM FORM

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