

## PRIMARY COVER

### Claim Form

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#### INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

VAT number

#### INCIDENT

Date of incident

Time of incident

Place of loss

Estimate (Claim Amount)  
(Including VAT)

Is this incident covered  
under any other policy  
of insurance

-Please Select-

Brief description  
(Reason for claim)

#### POLICE

Place where reported

If reported - provide case  
number

#### PAYMENT INSTRUCTIONS

Bank name

Bank account number

Bank account name

Branch

Branch code

## DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

I understand that I may be liable for output VAT in terms of the Value-Added Tax Act, 10 of 2002.

Insured's signature

Capacity

Date

### Cape Town

T 021 914 0290

F 021 914 0293

E [info@westnat.com](mailto:info@westnat.com)

### Gauteng

T 012 523 0900

F 012 523 0909

E [info@westnat.com](mailto:info@westnat.com)

### Windhoek

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