

(All Risks, Household, House Owners)

## PERSONAL DETAILS

Insurer:  Policy no:   
Insured name:  Claim no:   
Occupation / Business:

## Contact Details

Tel no landline:  Cell no:   
Email:   
Address:   
 Postal code:

## ADDRESS WHERE LOSS OCCURRED:

Address:   
 Postal code:   
Date of loss:  Time of loss:

Briefly describe how the loss/damage occurred:

Have you previously had a claim/loss?

YES

NO

If yes – please describe below:

Were the premises occupied when the loss/damage occurred?

YES

NO

If no – when was it last occupied?

If yes – how was the premises occupied & by whom?

Reported to  
Police Station:

Name & Tel no:

Case no:

Date:

Are you the sole owner of the property?

YES

NO

If not – please provide full details of the other parties concerned:

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: