

FIRE, LIGHTNING, STORM, CLAIM FORM

**Acceptance of this form is not an admission of liability by the Company.
 Please answer all questions fully to assist in the prompt settlement of your claim.**

INSURED: Name Address
 Telephone No. Home Business.....

***SHOULD THE COMPANY BE LIABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE**

1. DEPOSIT CHEQUE INTO: BANK..... ACCOUNT NO..... BRANCH ☐
 2. SEND CHEQUE VIA MT BROKERS: ☐

Time and date of damage	
Where did the damage occur?	
How were the premises occupied?	
Give full details of how the damage occurred	
Is the damaged property insured with any other Insurance Office	
Is the claimant the sole owner of the property damaged	
Has there been any previous losses at the Insured premises or in any other premises in which the insured was interested? If so, state full particulars, including the cause, of such losses and name the Insurance Office on risk	
Full Value of the insured property at time of damage.	

I/We declare that the property listed on the other side, belonging to me and insured under the said policy was damaged, stolen or lost and that the amounts severally stated represent the sum of money I am entitled to claim in terms of the policy.

DateName of InsuredSignature of Insured

STATEMENT OF CLAIM - Please note that all columns must be completed.

[illegible]

DECLARATION: I/We hereby declare and warrant that all the information, including any document(s) that I/We have provided herein, is true and correct and that I/We have not withheld from the Company any information within my/our knowledge in connection with the accident or loss. I/We further acknowledge that the information I/We have provided herein will induce the insurer to act thereon and accordingly declare that by signing below, I/We warrant that the information I/We have provided herein, in its entirety, is true and correct.

Date Name of InsuredSignature of Insured