

Revised: 01/05/2016



ALL RISKS CLAIM FORM

ANSWER ALL QUESTIONS FULLY AND CORRECTLY. FAILURE TO DISCLOSE ANY INFORMATION OR GIVING FALSE INFORMATION MAY RESULT IN THE CLAIM NOT BEING PAID.

POLICY NO. CLAIM NO.

1. THE INSURED

Title First Name Surname
 ID Number Bank Account No.
 Marital Status If married give name of spouse and occupation.....
 Date of Birth
 Address

 Occupation or business Telephone Mobile Landline

2. Address at which the loss or damage occurred

3. When did the loss or damage occur? Date Timeh.....(eg. 15h30)
4. Details of the damaged item/s: Owner of Item:.....
5. Type of item:.....
 Date of Purchase:..... Cost of Purchase:.....
 Cost of repairs/Replacement Value after Damage
6. Describe fully how the loss or damage occurred

7. Have you previously suffered a loss? Full description of previous claims/loss

8. Were the premises occupied at the time of the loss or damage?.....If not, when was it last occupied

9. How were the premises occupied at the time of the loss or damage?

10. Was the loss or damage reported to the police? If not, why not?

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If so, when and where Police reference no.

11. Is the lost or damaged property insured under any other policy?If so, give full particulars
.....

I/We warrant the truth of the answer to the above questions and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

SIGNED AT ON

SIGNATURE OF INSURED

.....

If signing on behalf of Insured state capacity:.....

WARNING: INSURANCE FRAUD IS A CRIME

*Please send completed form to NicozDiamond, Insurance Centre, 30 Samora Machel Avenue
or the nearest NicozDiamond Branch or your Broker*