

Revised: 01/05/2016



HOME COMPREHENSIVE 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.

NB: If the Claim in respect of BUILDINGS, the Claim must be accompanied by two builders' Estimates of the cost of putting the Building into the same state as it was in immediately before the occurrence, obtained at the Insured own expense, no contemplated Improvements may be included in such estimate.

If the claim be for CONTENTS, a full list of the Articles destroyed or damaged must be given and against each item must be declared:-

1. Their original Cost Price
2. Their estimated value immediately before the occurrence (after making due allowance for "wear and tear")
3. Their estimated value (if any) after the occurrence, or "value of salvage"

POLICY NO. CLAIM NO.

1. THE INSURED

Title First Name Surname

ID Number Bank Account No.

Marital Status Date of Birth

Address

Occupation or business Telephone No. Home Business.....

2. THE LOSS

Address at which the loss or damage occurred

Are you the sole-owner of the lost or damaged property?If not, give full particulars of other parties concerned

For what purpose was it being used at the time of the loss or damage?

When did the loss or damage occur? Date Timeh..... (eg. 15h30)

What was damaged or lost.....

When was the damage/loss discovered

Fully describe how the damage or loss occurred.....

What is your estimate value of the loss or damage? \$

What is your estimate value of the building(s) at the time of the loss or damage? \$

Describe the type of the building

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

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Where can the damaged property be inspected

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

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Complete this section if damage/ loss is due to Burglary/ Theft

A) BURGLARY/ THEFT

1. Description of Item lost/ damaged..... Note: Include Make/Model
Serial no. Year of purchase. Continue on a separate sheet if necessary
2. Value of the Item lost/damaged
3. Estimated cost of replacement/repair
4. How were the premises entered?.....
5. Who discovered the loss?
6. Were the premises being used or lived in at the time of the loss?.....
7. If not, when were they last used or lived in?.....
8. Did you report the burglary to the Police?..... If so provide reference number and Date of report

NB: Please retain all damaged goods for inspection.

B. TO BE COMPLETED IF GLASS WAS BROKEN

Type of the Glass broken

Size of glass broken

Have you given instructions for the replacement of the glass?

Estimated Replacement Cost.....

If breakage caused by a person give Name and Contact details of the person.....

Have you informed him that you are holding him liable?

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.

WARNING: INSURANCE FRAUD IS A CRIME

SIGNED AT DATE

SIGNATURE OF INSURED

.....

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

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

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