



# OLD MUTUAL

## THEFT LOSS OR DAMAGE CLAIM FORM

Agency	<input type="text"/>	Policy/ Loan Account No.	<input type="text"/>	Claim No.	<input type="text"/>	
Name of Insured	<input type="text"/>					
Address of Insured	<input type="text"/>					
Business or Occupation	<input type="text"/>					
Telephone	Business	<input type="text"/>	Home	<input type="text"/>	Cellphone	<input type="text"/>
E-mail Address	<input type="text"/>					

1. Date and Time of Loss or Damage	At.....am/pm	Day of.....	20.....
2. Address or Place where Loss or Damage occurred	<input type="text"/>		
3. State precisely how Loss or Damage occurred	<input type="text"/>		

If loss or damage occurred on a Premises

4. (a) State type of premises, e.g. private house, flat, saleshop, etc. If outbuilding, type of construction	(a)
(b) Were the premises unoccupied or unfurnished?	(b)
(c) For how long (if at all) have the premises been unoccupied since the policy was effected or renewed?	(c)
(d) Were the premises let in whole or in part?	(d)
(e) Are you the owner of the premises or a tenant?	(e)
(f) If tenant, are you responsible for repairs?	(f)
5. (a) Who is the owner of the property for which you are claiming?	
(b) Is the property for which you are claiming also insured under another policy, e.g. a policy effected by you or another party or under an All Risks, Baggage, Motor policy, etc? If so, give particulars.	
(c) Has any other person any interest in the property as Owner, Mortgagee, Trustee, Hire Purchase or otherwise?	
6. Have you given instructions for replacement or repair? If so, give name and address of repairer or contractor	
7. Have you ever before sustained loss or damage of this nature? If so, please give details.	
8. What is the estimated present day total value of all the property insured by the above numbered policy?	
<b>COMPLETE ONLY WHERE LOST OR STOLEN</b>	
9. (a) When where the police notified and what at station?	
(b) Name of the person who contacted the police	
(c) Police Reference Number	
(d) If Burglary/Theft describe method of entry	
(e) If there is no evidence of Theft or of a forcible entry of the premises, has a thorough search been made for the articles missing?	
(e) If premises unoccupied, at what time and when were they last occupied?	



Description of item	Place and Date of purchase	Price Paid	Estimated Cost of Repair	Replacement Cost if not repairable	Deduction for wear and tear if applicable	Amount Claimed (allowing for any salvage)



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**BREAKAGE OF GLASS (ESTIMATE REQUIRED)**

No. of panes	Position	Is glass in a conservatory, greenhouse, verandah or outbuilding	Description of Glass broken	Size cm		Whether cracked or smashed and whether any salvage
				Height	Width	

**LOSS OF MONEY**

Cash	Cheques	Postal or Money Orders	Amount Claimed

I/We declare that the statements overleaf are true to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the property mentioned. I/We further declare that my/our policy conditions have been fully complied with.

Date .....

Signature of Claimant(s) .....