



NON MOTOR CLAIMS UNDER R5000

INSURER		POLICY NUMBER	VAT REG NUMBER	
INSURED	Name & Occupation			
	Address & Phone No.			
LOSS / DAMAGE OCCURRENCE	Date of Loss			
	Time of Loss			
	Place where Loss / Damage Occurred if different from above			
	Details of how Loss / Damage occurred/if applicable state how entry was gained			
	Have you previously suffered a Loss / Damage?			
POLICE	Police Station			
	Police Reference No.			
	Date Reported			
OTHER INSURANCE	Is there any other insurance covering this Loss / Damage?			
DETAILS	DETAILS OF PROPERTY LOST, STOLEN OR DAMAGED			
	Description of Property	From whom purchased/acquired	Value	Amount Claimed
PLEASE SUPPLY A QUOTATION IN RESPECT OF ITEMS CLAIMED				
PAYMENT METHOD	You may select, for added security, payment of any amount due to you directly into a bank account. Please complete details below.			
	Name of Bank		Branch	
	Name of Account		Branch Code	
	Type of Account		Account Number	
DECLARATION	I / We solemnly declare that I / We have suffered loss of or damage to the property enumerated and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstances described above.			
	_____	_____		
	Insured's Signature	Date		