

BROKER	Broker:	
	Broker Contact:	
	Contact Numbers:	
	Broker Claim Number:	

INSURED	Policy Number:	
	Insured:	
	Occupation:	
	Contact Numbers:	

DETAILS OF EVENT	Address where loss occurred:	
	Date of Loss:	
	Date/Time Discovered:	
	Estimated value of Loss:	R
	Time of Event:	
	Police Station:	
	Police Case Number:	MAS
	Date Reported to Police:	
	Detailed Description of Event:	

RISK DETAILS	Were the premises occupied at the time of loss?	
	If not, was the alarm set?	
	Are you the sole owner of the property subject to the claim?	
	If no, please give details of other interested parties:	
	Is the property subject to the claim insured elsewhere?	
	If yes, please provide details of insurer and policy number:	

BANKING DETAILS	Bank Name and Branch:	
	Bank Account Name:	
	Bank Account Number:	
	Bank Account Type:	

DECLARATION	We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:		
	Signature of Insured:		Date:

