

## CLAIM FORM

POLICY NUMBER:

CLAIM NUMBER: \_\_\_\_\_

01. **THE INSURED**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

02. Address at which the loss or damage occurred: \_\_\_\_\_

03. When did the loss or damage occur? Date: \_\_\_\_\_

04. Describe fully how the loss or damage occurred: \_\_\_\_\_

05. Have you previously suffered a loss? \_\_\_\_\_

If so, kindly provide full description of previous claims/losses: \_\_\_\_\_

06. Theft:

- Was the loss or damage reported to the police? \_\_\_\_\_
- If not, why not? \_\_\_\_\_
- If so, when and where: \_\_\_\_\_
- SA Police Reference Number: \_\_\_\_\_

07. Are you the sole owner of the lost, stolen or damaged property? \_\_\_\_\_
08. If not, give the particulars of other parties concerned: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
09. What is your estimate of the value of the entire contents at the time of the loss or damage? \_\_\_\_\_
10. Is the lost or damaged property insured under any other policy? \_\_\_\_\_
11. 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 this day .....

Signature of Insured: .....

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**

**Kindly submit the following documents / information (as indicated) to us at your earliest convenience in order to give this claim our further consideration:**

- Priced claim
- Declaration no.
- Copy of Insurance Certificate
- Suppliers Invoice
- Bill of Lading / Airway Bill
- Consignment / Delivery Note
- Packing List
- Freight Statement
- Customs Bill of Entry
- Container Release Order
- Priced claim against carrier
- Reply from Carrier
- Banking details in the event of settlement