NEW NATIONAL ASSURANCE COMPANY
People you can talk to.

TTM Risk (Pty) Ltd
Company Reg. Number: 2005/021322/07
VAT Registration Number: 4450224862
An Authorised Financial Services Provider
FSCA Licence Number: 24875

ttmrisk

HOUSEHOLD GOODS AND PERSONAL EFFECTS CLAIM FORM

Name: _____

Address: _____

Postal Code: _____

Residence Telephone Number: _____

Work Telephone Number: _____

Email Address:_____

Contracted Remover Name:_____

Date delivered to your residence:_____

Date when you discovered the Loss/Damage:_____

Explanation on how Loss/Damage Occurred:_____

_____

_____

Was your shipment insured under any other policy or Insurance contract? Yes / No

Was the damaged or lost items your own property? Yes / No

What is the full repair replacement value (Please attach quote) _____

When and to whom did you first notify the loss of your property insured? _____

Number on Application Form	Description of Article	Please tick the relevant column								Number on Packing List	Inventory Value	Amount of Claim
		Missing	Broken	Torn	Stained	Marked	Chipped	Dented	Scratched			

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TOTAL CLAIM _____

The following items must be included with this claim form:

- Original Confirmation of Insurance
- Packing List (if available)
- Photographs of damaged items
- Copy of the form you signed when you took possession of your goods showing the exceptions you took. (Delivery receipt / Waybill)
- Written estimates for repair or replacement

Evidence of loss or damage must be substantiated in accordance with the terms and conditions of the policy. Failure to comply with this may prejudice your claim.

Signed:_____ **Date:**_____

(Acting on behalf of the Insurer New National Assurance Company Limited, FSP 2603, under a claims handling mandate)