

- NOTE:** kindly ensure that all required documents are submitted to allow for claim processing
- Complete Miscellaneous Claim Form
  - Police Report
  - 3 Quotations from reputable suppliers
  - Copy ID of Insured



## MISCELLANEOUS CLAIM FORM

WARNING: INSURANCE FRAUD IS A CRIME

Policy No  Claim No (Official Use)

### 1. INSURED CUSTOMER'S DETAILS

Name of Insured   
 Contact Persons Name   
 Cell Phone Number/s  Email Address   
 Business Address   
 Town/ City  Occupation

### 2. CIRCUMSTANCES OF LOSS/ ACCIDENT

Date of Loss  Time  am/pm

Give **FULL** details of how the loss or damage occurred

In the case of a loss please give date and time the property was last seen

If you employ the services of a Security company please provide the name and contact details

Have they investigated the loss

Are the damages repairable?  Yes  No

Have you found a repairer  Yes  No

Name of repairer  Contact No.

**If any (A) vehicle accessories, or (B) personal effects as defined below have been stolen give the following information:**

**(Important:** This question only to be answered when such personal effects are covered under a separate policy taken out with this Company)

Description of Property lost or damaged	Where purchased	When purchased or acquired	Cost of replacement	Deduction for depreciation/ wear and tear	Net amount being claimed	Remarks (if any)

### 3. POLICE DETAILS

Were the Police notified of the theft?  Yes  No

Station Reported  Date of Report  TAB NO.

Officer who attended to Loss/ Accident  Contact Details

Name of person who made the report  Any recovery as yet  Yes  No

#### STATEMENT

I/We declare the above particulars to be correct and that I/ We have not withheld any material information which would affect the acceptance of my/our claim by the Insurer

Date

Signature of Insured