

**NON-MOTOR CLAIM
UNDER R15 000**

INSURER		
Broker/Agent		
Insurer		
Policy Number		
INSURED		
Name		
ID Number		
Home Address		
Contact numbers	Telephone	Mobile
DESCRIPTION OF INCIDENT		
Date and time of loss/damage		
Place where loss/damage occurred if different from above		
Details on how loss/damage occurred.		
Have you previously suffered loss/damage?		
Police Station and Reference Number		
Is there any other insurance covering the loss/damage?		
DETAILS OF PROPERTY LOST / STOLEN OR DAMAGED		
Description of Property	Value	Amount claimed

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

PLEASE SUPPLY A QUOTATION IN RESPECT

Payment Method	You may select, for added security of any amount due to you to be made directly into a bank account. Please complete below
Name of Bank	
Name of Account	
Type of Account	
Branch Name	
Branch Number	
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. _____