

# NON-MOTOR CLAIM FORM

INSURED	
POLICY NUMBER	<input style="width: 95%;" type="text"/>
NAME AND OCCUPATION	<input style="width: 95%;" type="text"/>
ADDRESS	<input style="width: 95%;" type="text"/>
CONTACT NUMBERS	TEL <input style="width: 25%;" type="text"/> FAX <input style="width: 25%;" type="text"/>
LOSS/DAMAGE OCCURENCE	
Date and time of loss/damage	<input style="width: 95%;" type="text"/>
When was loss/damage discovered?	<input style="width: 95%;" type="text"/>
LOSS/DAMAGE PLACE	
Place where loss/damage occurred	<input style="width: 95%;" type="text"/>
Were premises occupied?	<input type="checkbox"/> YES <input type="checkbox"/> NO If YES, by whom? <input style="width: 80%;" type="text"/>
If not occupied when last occupied?	<input style="width: 25%;" type="text"/> Purpose of occupation <input style="width: 50%;" type="text"/>
CAUSE OF LOSS/DAMAGE	
Describe fully how the loss or damage occurred stating how entry was gained to premises	<input style="width: 95%; height: 40px;" type="text"/>
If loss/damage caused by another party give name and address	<input style="width: 95%; height: 25px;" type="text"/>
PREVIOUS LOSS/DAMAGE	
Have you previously suffered a loss/damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, give details	<input style="width: 95%;" type="text"/>
If insured at the time, provide name of insurer	<input style="width: 95%;" type="text"/>
POLICE	
Police ref. no.	<input style="width: 30%;" type="text"/> Station <input style="width: 30%;" type="text"/> Date reported <input style="width: 30%;" type="text"/>
OTHER INTEREST	
Has any other party an interest in the insured property, e.g. Credit Agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, give name and interest	<input style="width: 95%;" type="text"/>
OTHER INSURANCE	
Is there any other Insurance covering the loss/damage?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, give name of insurer	<input style="width: 95%;" type="text"/>
VALUE	
Estimated total of all the property insured under the policy	R <input style="width: 20%;" type="text"/> When last valued? <input style="width: 30%;" type="text"/>
DECLARATION	
<b>I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.</b>	
Signature of insured	<input style="width: 40%;" type="text"/> Capacity <input style="width: 20%;" type="text"/> Date <input style="width: 20%;" type="text"/>

