



Broker:

Tel: +27 (0) 11 880 - 7943 / 7786
 Fax: +27 (0) 11 788 - 7812
 Richard Grubb: +27 (0) 83 232 3431
 Email: grubb@icon.co.za

FSP No: 2478 / Reg. 2002/065492/23
 RGA VAT No: 4150147769
 Website: www.rgrubb.co.za
 27 Worcester Rd, Parkwood, 2193
 PO Box 3502, Parklands, 2121

GENERAL CLAIM FORM

Insurer:	Insurer: _____	Policy No: _____
Insured:	Full name of the insured: _____	
	Address (physical): _____	
	Address (postal): _____	
	Home/Cell No: _____	Work No: _____
	E-mail Address: _____	
Occupation: _____		
Incident:	Date of Loss: _____ Time of Loss: _____	
	Place of Loss: _____	
	Describe fully how loss occurred: _____	

	Was the loss due to negligence of another party: Y / N	
	If yes, supply name and address: _____	

	Police station reported to: _____	On Date: _____
	Name of police officer: _____	Case No: _____
Were the premises occupied at the time of loss?: Y / N		
If not, was the alarm set?: Y / N		
Are you the sole owner of the property subject to the claim: Y / N		
If no, please give details of other interested parties: _____		

Have you any other policies covering this loss?: Y / N		
If yes, supply details: _____		
What action has been taken to effect recovery?: _____		
Have you previously made any insurance claims?: Y / N		
If yes, supply details: _____		

Declaration:	We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:	
	I / We hereby declare that the description and quantities of the articles lost enumerated on page 2 of this claim form, are true and correct in every respect and I / We therefore claim the sum of R_____.	
	Date: _____	Signature of claimant: _____
	Signature of witness: _____	
<p>NB. The 2nd page of this claim form must be completed & invoices/quotations for replacement must be attached where possible.</p>		

**ALL ARTICLES CLAIMED FOR MUST BE SHOWN ON THIS SCHEDULE IN DETAIL
AND RECEIPTS PROVIDED WHERE POSSIBLE**

Item Number	Description of Property	Date of Purchase	Where purchased or, if gift, Name & Address of vendor	Cost Price	Deduction for depreciation and/or wear and tear	Amount Claimed	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							