

FIDELITY CLAIM FORM



Policy Details

Branch No.:	Policy No.:
Certificate No.:	Claim No.:
Force, Pension, Salary or Personnel No.:	Name of Group Scheme:

Insured

Name:	
Physical Address:	Postal Address:
Code:	Code:
Identity No.:	Occupation / Business:
Business Tel No.:	Home Tel No.:

Claim Details

Address at which the loss or damage occurred:

	Code:
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When did the loss or damage occur:	Date: <input type="text" value="day/month/year"/>	Time: <input type="text" value="h"/> eg. 15h30
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Describe fully how the loss or damage occurred:

Have you previously suffered a loss? Yes No

Full description of previous claims/losses:

Were the premises occupied at the time of the loss or damage? Yes No

If NO, when was it last occupied:

How were the premises occupied at the time of the loss or damage:

Was the loss or damage reported to the Police? Yes No

If NO, why not:

Police Station:	Date reported: <input type="text" value="day/month/year"/>	S.A. Police reference No.:
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Claim Details (Continued)

Are you the sole owner of the lost or damaged property? Yes No

If NO, give full particulars of other parties concerned:

Is there a bond on the property? Yes No

Name of bondholder:

What is your estimate of the value of the building(s) at the time of the loss or damage:

Does the building have a thatched roof? Yes No

Is the lost or damaged property insured under any other policy? Yes No

If YES, give full details:

Declaration

I/ We warrant the truth of the answers to the above questions and I / we declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signature of insured:	Capacity:
Date: <i>day/month/year</i>	Signed at:

