



CLAIM NO:

Phoenix Risk Solutions (Pty) Ltd
Reg. No.2003/011792/07
39 Tokai Road, Tokai
P O Box 31510, Tokai, 8000
South Africa

CLAIM FORM

FIRE, THEFT AND GENERAL

Tel : (021)702 -7960
Fax : (021) 712 5108

The acceptance of this form is not in itself an admission of liability on the part of the Underwriters

INSURANCE

1. Policy No. _____
2. Insurance Company _____

POLICY HOLDER

3. Name _____
4. Address and Telephone No. _____

5. Occupation: _____

DETAILS OF LOSS

6. (a) Date _____ (b) Time _____
7. Place _____
8. Explain exactly how the loss occurred: _____

9. Have you ever lodged an insurance claim (other than a motor claim)?
If so, supply brief details: _____

10. Is there any other insurance policy in force cover this loss/damage?

If so, supply full details:

11. Have you informed the Police?

(a) If so, what Station?

(b) With what result?

What other steps have you taken to effect a

12. recovery?

13. **PAYMENT METHOD**

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of bank

Branch and code

Type of account

Account number

PLEASE COMPLETE REVERSE SIDE

DETAILS OF CLAIM

LIST OF ARTICLES DAMAGED, LOST OR STOLEN	Original Cost of Articles		When Bought	Value of Salvage		Amount claims after allowing for depreciation through wear and tear, and deducting value of Salvage	

I hereby declare that the above statements are true to the best of my knowledge and belief, and I claim in respect thereof the protection of my Policy.

Signature _____

Date _____

N.B. – Wherever possible and particularly in case of damage to buildings, please submit a tradesman’s detailed estimate of the cost of repairs.