

WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the particulars and statements given below are true and complete and contain all information known to me affecting the details of the claim.

I agree and understand that providing the incorrect information, inflating my claim or claiming for items that I did not own prior to the loss, is fraudulent, and will prejudice my claim.

Signature of Policyholder:

Date Signed:

POLICY DETAILS

Broker :
Policyholder :
Policy Number :

POLICYHOLDER DETAILS

Full Name :
Identity Number :
Occupation :
Residential Address :
Contact Number :

EVENT DETAILS

Date of Loss :
Time of Loss :
Date/Time Discovered :
Address where loss occurred :
Were the premises occupied at time of loss?
If so, by whom?
Was the alarm set?
How was entry gained into the premises?
Were the items stolen from a vehicle?
Was the vehicle left unattended?
How was entry gained into the vehicle?
Make and Model of the vehicle :
Exact placement of items in the vehicle :
Police Case Reference Number :
Police Station :
Date Reported :
Please provide us with a detailed description of the incident :

RISK DETAILS

Are any of the items claimed, used solely for business purposes?
Are any of the items claimed, owned by someone not insured on this policy?
If yes, please give details of other interested parties :
Are you the sole owner of the property subject to the claim?
If no, please give details of other interested parties :
Is the property subject to claim insured elsewhere?
If yes, please provide details of insurer and policy number :

PROPERTY LOSS OR DAMAGE - LIST OF ITEMS STOLEN OR DAMAGED

(Please supply proof of ownership/damage reports and/or valuations/quotes for replacement per our list of required documents)

NB! PLEASE NOTE THAT CLAIMING FOR AN ITEM THAT YOU DIDN'T OWN OR A SUPERIOR VERSION OF IT, IS FRAUDULENT, WHICH IS A CRIMINAL OFFENCE.

Item No.	Description of Item	Date Acquired	Purchased At/From	Value	Amount Claimed
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
					R
				TOTAL CLAIMED	R