_____

GENERAL LOSS CLAIM FORM

Insured	Name		
	Address		
	Telephone No.	(H)	(W)
	Identity Document No.		
	VAT Number		
Loss / Damage Occurrence	Date and Time of Loss / Damage		
	When was Loss / Damage discovered?		
Loss / Damage Place	Place where loss / damage occurred		
	(a) Were premises occupied? (b) By Whom?	(a)	(b)
	If not occupied when last occupied?		
	Purpose of occupation		
Cause of Loss / Damage	Describe fully how the Loss or Damage occurred stating how (if applicable) entry was gained to the premises		
	If Loss / Damage caused by another party give name and address		
Previous Loss / Damage	Have you previously suffered a Loss / Damage?		
	If so, give details		
	If insured, provide name of Insurer		
Police	Police Reference No. Station and Date reported		
Other Insurer	Has any other party an interest in the insured property, eg, Credit Agreement		
	If so, give name and interest		

_____

fia FINANCIAL INTERMEDIARIES ASSOCIATION OF SOUTHERN AFRICA

Other Insurance	Is there any other insurance covering this Loss?	
	If so, give name of Insurers	

Value	Estimated total of all the property, Insured under the policy		
	When Last Valued?		

Payment Method

Payment Method :
You may select, for added security, payment of any amount due to you directly into a Bank Account. Please complete details below.

Name of Bank:-   Name of Account:-

Type of Account:-   Account Number:-

Branch:-   Branch Number:-

Declaration

I/We solemnly declare that I/We have suffered a loss of or damage to the property enumerated and that the said property was in my/our possession prior to the said loss/damage which occurred in the circumstances described above.

Insured's Signature --- Date ---------------------------------------

Quantity	Description of Property	Value	Amount Claimed

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY