

PROPERTY LOSS STOLEN OR DAMAGED CLAIM FORM

Policyholder Details

| | | | |
|---------|--|---------------|--|
| Insured | | Policy Number | |
| Cell | | Tel Number | |

Broker Details

| | | | |
|-------------|--|------------|--|
| Broker Name | | E-mail | |
| Cell | | Tel Number | |

Details of Loss / Damage

| | | | |
|--------------------------|--|--|--|
| Date of Loss | | Time of Loss: | |
| Description of Loss | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Estimated Amount of Loss | | If reported to police, state which station | |
| | | Ref no | |

Previous Loss / Damage

| | | | |
|--|-----|----|--|
| Have you previously suffered a Loss / Damage | Yes | No | |
| If so, give name of interest | | | |
| | | | |
| | | | |
| If Insured at time, provide name of Insurer | | | |

Natsure HCV & Commercial a division of (Pty) Ltd (Registration No. 1968/004869/07) is an Authorised Financial Services Provider - FSP No. 4578

Directors:

Dr DP Botha (Chairman)
T Davey (Managing Director)
M Appelo
M Meyer
M Pretorius

Head Office:

A Block A, Block@Nature
472 Botterklapper Street
Die Wilgers,
Pretoria East, 0184

T 086 147 7752
F 086 538 5983
www.natsure.co.za

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Police

| | | | |
|--|--|----------------|--|
| Name of Officer who recorded details of accident | | Date of report | |
| Police Station | | Police Ref no | |

Other interest

| | | | | | | |
|--|--|--|-----|--|----|--|
| Does any other party have an interest in the insured property, eg: hire purchase or credit agreement | | | Yes | | No | |
| If so, give details | | | | | | |
| | | | | | | |
| | | | | | | |

Other Insurance

| | | | | | |
|--|--|-----|--|----|--|
| Is there any other insurance covering this loss / damage | | Yes | | No | |
| If so, give details | | | | | |
| | | | | | |
| | | | | | |

Value

| | | | |
|---|--|------------------------------------|--|
| Estimated total value of all property insured | | When last was all property valued? | |
|---|--|------------------------------------|--|

N.B. Claims in respect of damage to building must be accompanied by a building estimate

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[illegible]

Authority for Payment

It is recommended that any amount payable to you be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please provide the following information:

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| | | | | | |
|--|--|-------------------------------------|--|--------------|---------|
| Quote | | Bank | | Branch Code | |
| Branch Name and Town | | | | | |
| Account Number | | | | | |
| Type of Account (please tick the applicable box) | | Current (Cancelled cheque required) | | Transmission | Savings |
| Please indicate the Name of the Account Holder | | | | | |

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated _____ / _____ / 20_____ .

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____ Signature: _____

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