



INSURANCE BROKERS
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GENERAL LOSS CLAIM FORM

The Issue of this Claim Form is not to be taken as an admission of Liability. Please read the Conditions of Carriage on the reverse of the Quotation or Inventory Form before submitting claim.

1. NAME OF INSURED : _____
BUSINESS ADDRESS : _____
FULL ADDRESS AT WHICH DAMAGED GOODS MAY BE SEEN : _____

TEL (Home) : _____ TEL (Work) _____ CELL _____

2. CERTIFICATE NO : _____ (OFFICE WILL INSERT)
DATE & PLACE OF PAYMENT OF PREMIUM : _____
SUM INSURED : _____
IS THERE ANY OTHER INSURANCE COVERING THE PROPERTY LOSS ? _____
WAS AN ADDITIONAL PREMIUM PAID IN RESPECT OF MECHANICAL AND ELECTRICAL
DERANGEMENT ? _____

3. DATE OF DESPATCH : _____ / _____ / _____ FROM : _____
DATE OF DELIVERY : _____ / _____ / _____ TO : _____
WERE THE GOODS STORED AT ANY TIME : _____ PERIOD : _____
BY WHOM WERE GOODS (1) PACKED: _____
BY WHOM WERE GOODS (2) UNPACKED : _____

I / WE SOLEMNLY DECLARE THAT I/WE HAVE SUFFERED LOSS OF OR DAMAGE TO THE PROPERTY ENUMERATED ON THE REVERSE HEREOF WHICH OCCURRED SOLELY AS A RESULT OF THE OPERATION OF A PERIL INSURED BY THE ABOVE POLICY.

DATE

SIGNATURE

N.B. : PLEASE COMPLETE THE BACK OF THE FORM IN DETAIL

