

CLAIM FORM – LOSS OR DAMAGE

Type of Loss:	Fire	Theft	Accidental Damage	Malicious Damage	Storm Damage	Third Party
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Policy Number		Claim No:	
		SAPS Ref No:	

***Please answer questions fully**

Name of Insured:		Occupation:	
Address:		Tel No: (H)	
		Tel No: (W)	

1. Address of premises at which the theft/loss/fire/damage occurred?	
2. Date & time of alleged theft/fire/damage.	
3. (a) By whom was it discovered? (b) When?	
4. (a) When reported to Police/Fire Brigade? (b) At which Police/Fire station? (N/A to Fire Claims)	
5. Describe the cause of the loss or damage and the manner in which it occurred. If not, when were they last occupied?	
6. Please state exactly how the premises were occupied at the time of the theft/loss/fire/damage.	
7. Do you suspect anyone of the theft or loss?	
8. Are you the sole owner of the property which is the subject of this claim? If not, give name and address of others interested	
9. Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance? If so, please give full details.	

Western National Insurance Company Limited

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(e) info@za.westnat.com (w) www.westnat.com

Address: 2nd Floor, The Cliffs, 3 Niagara Road, Tygerfalls Office and Residential Park, Carl Cronje Drive, Bellville, RSA

Directors: Dr. C.B. Prest SC (chairman) / J.J. Fourie * / H.P. Visser / J Hellweg* / E. Wessels / L.P. Spies / D Fry (*Namibian)

Reg. No. 2005/017349/06 / FAIS Reg. (Leg. Rep No. 9465)

10. * State amount of Fire Insurance and name of Company.	
11. What steps are being taken to prevent a recurrence of the loss?	
12. Please give details of previous losses.	

Insured's Signature

Date

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