

PRIMARY COVER

Claim Form

INSURED

Name

Policy number

E-mail address

Contact person

Contact number

VAT number

INCIDENT

Date of incident

Time of incident

Description of claim and
place of incident

Quantum of claim

Other insurance

YES

NO

POLICE

Place where reported

If reported - provide case
number

PAYMENT INSTRUCTIONS

Name of Bank

Account number

Account holder

Branch and Branch code

Savings/cheque

Savings/cheque

DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim, and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of section 8(8) of the VAT Act 89 of 1991.

Insured's signature

Capacity

Date

Cape Town

T 021 914 0290

F 021 914 0290

E info@westnat.com

Gauteng

T 012 523 0900

F 012 523 0909

E info@westnat.com

Oudtshoorn

T 044 011 0049

F 044 011 1282

E info@westnat.com

Windhoek

T +264 (0) 61 256 733

F +264 (0) 61 251 056

E info@westnat.com