

POLICY NUMBER		POLIS NOMMER	
INSURED	Name and Occupation	Naam en beroep	
	Address and (Day) Phone No.	Adres en dag telefoon nommer	
	Time and Date of loss	Tyd en datum van verlies	
	When was damage / loss discovered	Wanneer is verlies ontdek	
VERSEKERDE	Address where loss/damage occurred	Adres waar skade plaasgevind het	
	Were premises occupied and by whom?	Was perseel bewoon en deur wie	
	If not when it was last occupied?	Indien onbewoon wanneer laas was dit bewoon	
	Purpose of occupation	Met watter doel was perseel gebruik	
	Describe fully how loss / damage occurred(if applicable state how entry was gained)	Beskryf hoe verlies of skade plaasgevind het(indien van toepassing meld wyse waarop toegang tot perseel verkry is)	
	Was alarm activated?	Was diefalarm geaktiveer?	
	If damage of loss caused by third party give name + address	Indien skade deur derde party veroorsaak, meld naam en adres	
	Have you previously suffered a Loss	Het u vantevore verlies/skade gely?	
	Police case no. & station	Polisie verwysing nr. & stasie	
	Estimated cost of claim	Beraamde koste van eis	
DECLARATION	Ek/Ons verklaar plegtig dat ek/ ons die verlies van of skade aan eiendom, wat agterop beskryf is, gely het en dt genoemde eiendom onmiddelik voor die verlies/skade in my / ons besit was en dat die verlies/skade plaasgevind het as gevolg van die omstandighede hiebo uiteen gesit. I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above. Versekerde se handtekening Insured's signature..... Hoedanigheid Capacity Datum Date.....		
			VERKLARING

