

	POLICY NO.	
	CLAIM NO.	
BROKER		

**INSURED**

Name			
Occupation			
ID No			
VAT Registration No			
Tel No		Cell No	
Physical Address			
Postal Address			

**LOSS / DAMAGE OCCURRENCE**

Date of loss		Time of loss	
Place where loss / damage occurred			
Were premises occupied?			
If yes, by whom?		If no, when last occupied?	
Purpose of occupation			

**SALVAGE / INSPECTION DETAILS**

If item was damaged, where is item currently?	
Contact No	

**CAUSE OF LOSS / DAMAGE**

Describe fully how the loss / damage occurred stating how (if applicable) entry was gained to premises:
If loss / damage was caused by another party provide name & address

**PREVIOUS LOSS / DAMAGE**

Have you previously suffered loss / damage?	Yes		No	
If yes, please give details:				
If insured, name of Insurer				

**POLICE**

Police Station			
Police Ref No.		Date reported	

**OTHER INTEREST**

Has any other party an interest in the insured property (e.g. Credit Agreement)?	
If yes, give name and interest	

**OTHER INSURANCE**

Is there any other insurance or medical aid cover covering this loss or damage?	
If yes, give name of Insurer:	

**VALUE**

Estimated total value of all the property insured under the policy	
When last valued	

**PAYMENT METHOD**

You may select, for added security, payment of any amount to you directly into a bank account.			
Please specify the name of the bank, branch, name of account holder and account number			
Name of bank		Branch	
Name of acc.		Acc No	

**DECLARATION**

<p>I/we hereby declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above. I/we hereby warrant that the item/s being claimed for has been reported as well as black-listed with the relevant Cellular Service Provider/s. I/we acknowledge that it is a further condition precedent to liability of the Company under this policy that Gencomrisk (Pty) Ltd may make enquiry, where applicable, to the relevant Cellular Service Provider/s or their authorised representatives to obtain information regarding the date and time of the device/s or sim card/s last usage.</p>
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Signature of Insured \_\_\_\_\_

Capacity \_\_\_\_\_

Date \_\_\_\_\_

