

CLAIM FORM

FOR ALL RISKS, FIRE, MONEY,
HOUSEHOLDERS, HOUSEOWNERS,
BURGLARY, COMBINED, SPECIAL PERILS



EISVORM

VIR ALLE RISIKO'S, BRAND,
GELD, HUISBEWONERS,
HUISEIENAARS, INBRAAK,
SAAMGEVATTE, SPECIALE GEVARE

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Insurer Versekeraar		Claim Number / Eisnr			Certificate Number / Sertifikaatnr	Name of Group Scheme / Naam van Groep Skema	Force, Pension, Salary, Personnel nr / Mag, Pensioen, Salars, Personeelid Nr	Policy No. Polisnr.
INSURED	Name and Occupation							Naam en Beroep
	Identity Number							Identiteitsnommer
	Address & (Day) Phone No.							Adres en (Dag) Telefoonnr.
LOSS OR DAMAGE	Address at which the loss or damage occurred							Adres waar die verlies of skade plaasgevind het
	When did the loss or damage occur?	Date (eg: DD/MM/YYYY) / Datum (bv: DD/MM/JJJJ)			Time (eg: hh:mm) / Tyd (bv: hh:mm)			Wanneer het die verlies of skade plaasgevind?
	Describe fully how the loss or damage occurred							Beskryf volledig hoe die verlies of skade plaasgevind het
	Have you previously suffered a loss?							Het U al vantevore skade gely?
	Full Description of previous claims/losses							Volle Beskrywing van vorige eise/verliese
	Were the premises occupied at the time of the loss or damage? Tick the applicable box	Yes / Ja	No / Nee	If not, when was it last occupied? / Indien nie, wanneer was dit laas bewoon?				Was die perseel ten tyde van die verlies of skade bewoon? Merk die blokkie wat van toepassing is
	How were the premises occupied at the time of the loss or damage?							Vir watter doel was die perseel ten tyde van die verlies of skade in gebruik?
	Was the loss or damage reported to the police?	Yes / Ja	No / Nee	If not, why not? / Indien nie, hoekom nie?				Is die verlies of skade by die polisie aangemeld?
	If so, when and where?	Date (eg: DD/MM/YYYY) / Datum (bv: DD/MM/JJJJ)	Police Station Name / Polisiestasiernaam			S.A. Police Reference Nr / S.A. Polisie verwysingsnr		Indien wel, wanneer en waar?
	Are you the sole owner of the lost or damaged property?	Yes / Ja	No / Nee	If not, give full particulars of the other parties concerned / Indien nie, verskaf volle besonderhede van ander belanghebbendes				Is u die alleen-eienaar van die eiendom wat verloor of beskadig is?
Is there a bond on the property?	Yes / Ja	No / Nee	Name of bondholder / Naam van die verbandhouer				Is daar 'n verband op die eiendom?	
What is your estimate of the value of the entire contents at the time of the loss or damage?							Wat is die beraming van die waarde van die hele inhoud van die perseel ten tyde van die verlies of skade?	
What is your estimate of the value of the building(s) at the time of the loss or damage?							Wat is u raming van die waarde van die gebou(e) ten tyde van die verlies of skade?	
Does the building(s) have a thatched roof?	Yes / Ja			No / Nee			Het die gebou(e) 'n rietdak?	
Is the lost or damaged property insured under any other policy?	Yes / Ja	No / Nee	If so, give full particulars / Indien wel, verstek volle besonderhede				Is die eiendom wat verloor of beskadig is kragtens enige ander polis verander?	
DECLARATION	I/we warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.							
	EK/Ons waarborg die waarheid van die antwoorde op die bogemelde vrae en ek/ons verklaar dat geen inligting verwyg is nie en dat die bedrag geëis my/ons verlies wat uit die genoemde gebeure ontstaan het verteenwoordig.							
	Signed At / Geteken te:							
Signature of Insured Versekerde se Handtekening:						Date Datum:		VERKLARING
_____						_____		
THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY / DIE UITREIKING VAN HIERDIE VORM IS NIE 'N ERKENING VAN AANSPREKLIKHEID NIE								

