



INSURED	Policy No.				Polisnr.	VERSEKERDE
	Name				Naam	
	Address				Adres	
	E-mail address				E-pos adres	
	VAT No.				BTW-No.	
	Telephone & Fax				Telefoon & Fax	
DETAILS OF LOSS/DAMAGE	Date of Loss				Datum van verlies	BESONDERHEDE VAN VERLIES/SKADE
	When was loss discovered				Wanneer is verlies ontdek	
	Address where Loss/Damage occurred				Adres waar verlies/skade plaasgevind het	
	Was the premises occupied? If so, by whom?				was die perseel Bewoon? Indien wel - deur wie	
	If not occupied - when last occupied?				Indien onbewoon, wanneer laas was dit bewoon	
	Purpose of occupation				Met watter doel was die perseel gebruik	
	Describe fully how the loss occurred. Where applicable state how entry was gained to the premises				Beskryf volledig hoe die verlies plaasgevind het. Waar van toepassing meld wyse waarop toegang tot die perseel verkry is	
Was the burglar alarm activated?				Was die diefalarm geaktiveer?		
If loss/damage was caused by Another Party, please provide Name, address & contact details				Indien Verlies/Skade deur 'n Ander Party veroorsaak is, verskaf asseblief naam, adres en kontak besonderhede		
Previous Losses	Have you suffered a previous loss ?				Het u vantevore 'n verlies gely?	Vorige Verliese
	If so, give details				Indien wel - verskaf besonderhede	
	If insured, provide name of Insurer				Indien verseker - verstrek naam van u versekeraar	
Police	Police Details	Name of Police officer Naam van Polisiebeampte	Police Station and Reference Number Polisiestasie en verwysingsnommer	Date Reported Datum Aangemeld	Polisiebesonderhede	Polisie
Other Insurance	Is there any other insurance covering this loss or damage				Het u vantevore 'n verlies gely?	Ander versekering
	If so, provide name of Insurer				Indien wel - verstrek naam van Versekeraar	
DECLARATION	We hereby declare the foregoing particulars to be true in every respect. / Ons verklaar hiermee dat die voorafgaande besonderhede in alle opsigte waar is.					VERKLARING
	_____ Signature of Insured / Versekerde se Handtekening		_____ Capacity / Hoedanigheid		_____ Date / Datum	

