

PROPERTY LOSS OR DAMAGE

CLEAR FORM

PRINT FORM

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INSURED	
Name of insured	
Policy number	
Contact person	
Contact phone number	
Contact email address	
VAT number	
INCIDENT	
Date of incident	
Time of incident	
Place of loss	
Estimate	
Is this incident covered under any other policy of insurance	
POLICE	
Place where reported	
Date of reporting	
Case number (if reported)	
LOSSES CAUSED BY OTHER PARTIES	
Name	
Contact phone number	
Contact email address	
Address	
THEFT/BURGLARY/FORCIBLE ENTRY	
Is there a working alarm at the insured premises where loss or damage took place?	
Alarm activation report attached?	
Proof of forcible entry (e.g. repair invoice) attached?	
Full description of how entry was gained to the property	

DESCRIPTION OF EVENTS RESULTING IN LOSS OR DAMAGE										
ITEMS CLAIMED										
Description of items that are being claimed for		Date replaced	Cost of replacement		Supporting documents reference (documents must be attached)					
DECLARATION										
provided freely so that W give my consent that Wes sources in order to determ	estern may process my tern may use this inforr nine whether to accept	claim and mation, n or reject	above statements are true. I d give effect to the terms an ny personal information on r my claim, and take all nece of section 8(8) of the VAT Act	d condition ecord and ssary steps	s contained in the additional informa ancillary thereto t	policy wording. I herewith ation obtained from other				
Insured's signature		Capacity	1		Date					
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