

Old Mutual Insure Limited. Reg No:
1970/006619/06 VAT No: 4460101019
Authorised Financial Services Provider (FSP 12)
Gemagtigde Finansiële Diensverskaffer (FDV 12)

POLICY NO.	POLISNR.
CLAIM NO.	EISNR.

BROKER/AGENT		MAKELAAR/AGENT	
Insured	NAME AND OCCUPATION	NAAM EN BEROEP	
	VAT REGISTRATION NO.	BTW REGISTRASIENR	
	ADDRESS AND DAY TELEPHONE NO.	ADRES EN DAG TELEFOONNR.	
Loss / Damage Occurrence	Date and Time of Loss/Damage	Tyd en Datum van Verlies/Skade	
	When was Loss/Damage discovered?	Wanneer is Verlies/Skade ontdek?	
Loss / Damage Address	Address where Loss / Damage occurred	Adres waar Verlies / Skade plaasgevind het	
	Were premises occupied? By whom?	Was perseel bewoon? 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?	
Cause of Loss / Damage	Describe fully how the Loss or Damage occurred. (If applicable state how entry was gained to premises).	Beskryf volledig hoe die Verlies of Skade plaasgevind het. (Indien van toepassing meld wyse waarop toegang tot die perseel verkry is).	
	Was burglar alarm activated?	Was die diefalarm geaktiveer?	
	If loss / Damage caused by another party, give name and address	Indien Verlies / Skade deur 'n ander persoon veroorsaak is, meld naam en adres	
Previous Loss / Damage	Have you previously suffered a Loss / Damage?	Het u vantevore verlies of skade gely?	
	If so, give details	Indien wel, verskaf besonderhede	
	If insured, provide name of insurer	Indien verseker, verstrek naam van versekeraar	
Police	Police Reference Number Police Station Date reported	Polisie Versyingsnommer Polisiestatie Datum gerapporteer	
Other Interest	Has any other party an interest in the insured property, e.g. Hire Purchase or other Credit Agreement?	Het enige ander persoon 'n belang in die versekerde eiendom, bv. Huurkoop of ander Krediet-ooreenkoms	
	If so, give name and interest	Indien wel, meld naam en belang	
Other Insurances	Is there any other insurance covering this Loss/Damage?	Is daar enige ander versekering wat hierdie Verlies / Skade dek?	
	If so, give name of Insurer	Indien wel, meld naam van Versekeraar	
Value	Estimated total value of all property insured under the policy	Beraamde totale waarde van al die eiendom verseker onder die polis	
	When last valued?	Wanneer laas is dit gewaardeer?	
Declaration	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. Ek/Ons verklaar plegtig dat ek/ons die verlies van of skade aan eiendom, wat agterop beskryf is, gely het en dat genoemde eiendom onmiddellik voor die verlies/skade in my/ons besit was en dat die verlies/skade plaasgevind het as gevolg van die omstandighede hierbo uiteengesit.		Verklaring
	Insured's Signature Versekerde se Handtekening	Capacity Hoedanigheid	

PLEASE COMPLETE REVERSE SIDE

 VOLTOOI ASSEBLIEF OOK DIE KEERSY

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

OPGAWE VAN EIENDOM WAT VERLOOR, GESTEEL OF BESKADIG IS

L.W. Eise ten opsigte van skade aan geboue moet van 'n raming van 'n bouer vergesel wees.

Number Getal	Description Omskrywing van eiendom	Date Acquired Datum Verkry	From whom purchased or acquired Van wie gekoop of verkry	Current Replacement Value Huidige Vervangingswaarde	Deduction for wear and tear or depreciation (if applicable) or value of salvage Aftrekking vir slytasie of waardevermindering (indien van toepassing) of waarde van wrakgoed	Amount Claimed Bedrag geëis