BROLINK

General Claim Form

(All Risks, Householders, House Owners)

Insurer:		Policy Number:	
Insured Name:		Claim number:	
Occupation / Business:		Daytime Tel No:	
Email:		Cell No:	
Address:			
		Postal Code:	
Address where loss occurred:			
		Postal Code:	
Date of loss:		Time of loss:	
Describe how it occurred:			

Have you previously had a claim / loss? (If Yes – please describe below) YES NO

Were the premises occupied when the loss occurred? YES NO

If **NO** – when was it last occupied?

If **YES**, How was it occupied?

Reported to station:		Station Name & Tel:	
Reference/Case no:		Police Officer:	

Are you the sole owner of the property? YES NO

If not – Please provide full details of the other parties involved:

Is there a bond on the property? YES NO

If **Yes,** please provide name & Tel No of the Bond Holder:

What is the estimate of the value at the time of the loss -

Contents: R

Buildings: R

Does the building have a thatched roof? YES NO

Is the lost / stolen / damaged property insured under any other policy? YES NO

If yes – Please provide details:

I/We warrant the truth of the answers to the 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.

Insured's Signature **Date:** d d m m c c y y

BROLINK

General
Claim Form

(All Risks, Householders, House Owners)

Description of Property	Date acquired / purchased:	Acquired / Purchased FROM	Amount Claimed	Quote attached? YES	NO
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		
			R		

Insured's Signature ______________ **Date:** d d m m c c y y