momentum
insure

Property & Portable Possessions claim form

We respect the confidentiality of your information and abide by confidentiality principles. Before we proceed to register this claim, we remind you that we may be required to share your personal information with our trusted partners and service providers who are bound by the same principles. As part of the claims validation process, we may also be required to obtain and disclose information relating to your claims, insurance and financial history with other insurers, government bodies and credit bureaus.

It is of the utmost importance that whilst supplying details relating to any incident, you must supply true, complete, and accurate information as any incorrect information may prejudice your claim. Only a fully completed claim form will be considered. All claim forms must be sent to miclaims@momentum.co.za.

Claim type

Please select the policy section(s) for which you are submitting a claim and complete the relevant sections of the claim form indicated next to the policy section marked with "X".

Policy section(s)	Select policy section	Sections of form to be completed					
		K	L	M	N	O	P
Home Contents					X		
Building		X		X			
Building pipes, geyser, or water tank		X	X				
Specified Portable Possessions						X	
Unspecified Portable Possessions							X

Please select the type of claim which you are submitting a claim for and complete the sections of the form indicated next to the claim type marked with "X".

Claim Type		Select type	Applicable sections										
Type	Sub-Type		A	B	C	V	E	F	G	H	I	J	Q
Theft from home	Theft		X	X	X	X	X	X		X			X
	Burglary		X	X	X	X	X	X		X			X
	Robbery		X	X	X	X	X	X		X			X
	While driven		X	X	X	X	X		X				X
Theft away from home			X	X	X	X	X	X					
Intentional Damage			X	X	X	X	X	X			X		
Fire			X	X	X	X		X				X	
Impact			X	X									
Storm damage	Storm		X	X									
	Hail		X	X									
	Lightning		X	X									
	Wind		X	X									
	Flood		X	X									

Section A: General

Policy number:			
ID number:			
Name and surname:			
Home address:			
Contact telephone number:			
Email address:			
Is this your own policy?	Yes ☐	No ☐	
If the answer is no, please confirm your relationship to the policyholder:			
Last time you received a copy of your policy documents:	30 days ☐	60 days ☐	More than 60 days ☐
Preferred method of communication:	Email ☐	Telephone ☐	

Section B: Incident details

Incident date:			
Incident time:			
Date you became aware of the loss/damage:			
Incident street / location:			
Incident suburb:			
Incident province:			
Incident country (if outside of South Africa):			
Please select the type of building?			
House ☐	Townhouse ☐	Flat ☐	Other / not applicable ☐
If other / not applicable, please specify:			
Please provide a detailed description of the incident:			

Section C: SAPS details

Reported to the SAPS:	Yes ☐	No ☐
If yes, please provide:		
Case / accident report number:		
Police station:		
Please provide details of any previous, similar losses:		

Section D: Witness details

Witness 1	
Name:	
Surname:	
Contact telephone number:	
Relationship:	
Witness 2	
Name:	
Surname:	
Contact telephone number:	
Relationship:	

Section E: Suspect details

Are there any suspects:	Yes ☐	No ☐
If yes, please provide:		
Name:		
Surname:		
Contact telephone number:		
Relationship:		

Section F: Authorities at the scene

Select if any of the following authorities where at the scene:		
Fire brigade ☐	Police ☐	Security company ☐

Section G: Theft from unattended vehicle

If items stolen from an unattended vehicle, were there visible signs of forced entry?	Yes ☐	No ☐
If yes, kindly ensure proof of forced entry is available.		

Section H: Theft, burglary or robbery details

Date the premises was left:			
Time the premises was left:			
Where were you?			
Was there forced entry?	Yes ☐	No ☐	
Where did the criminal enter the house?			
Where did the criminal leave the house?			
Please select which buildings were entered?			
Main house ☐	Outbuilding ☐	Garage ☐	Cottage ☐
Domestic quarters ☐	Shed ☐	Garden ☐	Other ☐
If other, please specify:			
Who discovered the incident?			
Name:			
Surname:			
Contact telephone number:			
Relationship:			
Which security devices does the house have?			
Access control ☐	Security gates on all external & sliding doors ☐	Infrared beams all round ☐	

Alarm only ☐	Burglar bars on all opening windows ☐	Dogs ☐
Alarm with armed response ☐	Electric fencing all round ☐	Other ☐
Other security devices (please specify):		

If you have an alarm system with armed response?	
Armed response company name:	
Armed response company number:	

Section I: Fire

Do you know how the fire started:	Yes ☐	No ☐
If yes, how did the fire start:		
Do you know where the fire originated:	Yes ☐	No ☐
If yes, where did the fire originate:		
Date the premises was left:		
Time the premises was left:		
Where were you?		
Who discovered the incident?		
Name:		
Surname:		
Contact telephone number:		
Relationship:		
If you have an alarm system with armed response?		
Armed response company name:		
Armed response company number:		

Section J: Impact damage

If the impact damage is from a vehicle, complete the following section:	
Name:	

Surname:		
Contact telephone number:		
Vehicle registration number:		
Does the other party drive a government vehicle?	Yes ☐	No ☐
Are the other party insured?	Yes ☐	No ☐
Insurance details:		
If the impact damage is from a falling tree or a tree that was cut done, complete the following section.		
Was the tree cut down?	Yes ☐	No ☐
If yes, please complete the following information of the tree felling company:		
Company name:		
Name:		
Surname:		
Contact telephone number:		
Are the tree feller(s) insured?	Yes ☐	No ☐
Insurance details:		
If the impact damage is from an animal, aircraft, article dropped from an aircraft, or falling aerials and masts, complete the following section.		
Please select what caused the impact damages:		
Animal ☐	Aircraft or article dropped from an aircraft ☐	Falling aerials and masts ☐
Please complete the details of the owner of the animal, aircraft or aerial and masts:		
Name:		
Surname:		
Contact telephone number:		
Are the other party insured?	Yes ☐	No ☐
Insurance details:		

Section K: Building details

How long have you occupied the property? ☐	Less than a year ☐	1 – 5 years ☐	More than 5 years ☐

Age of the property:	0 – 1 years ☐	1 – 10 years ☐	10+ years ☐
Occupied by:	Owner ☐	Tenant ☐	Unoccupied 60+ days ☐
If occupied by a tenant, please provide their details:	Tenant name:		
	Tenant contact no:		
If unoccupied, please confirm:	Unoccupied from date:		
	Unoccupied to date:		
Confirm whether you are the: ☐	Owner ☐	Tenant ☐	

Section L: Geyser, water tank or water pipes damage

Please select what water system is damaged:			
Geyer ☐	Water tank ☐	Pressurised pipes ☐	Refuse/sewer pipes ☐
Are there resultant damages:		Yes ☐	No ☐
If the water system is a geyser, please indicate what the type of geyser it is:			
Electric ☐	Solar ☐	Gas ☐	Other ☐
If other, please specify the type of geyser:			
If yes, please describe the resultant damages:			

Section M: Building damage

Please describe the damaged areas and/or the stolen items:		
Please provide details of the home content items lost / damaged / stolen:	Yes ☐	No ☐

Section N: Home contents items

Please provide details of the home content items lost / damaged / stolen:

Description of item	Purchased from	Purchase amount	Age of item in years	Proof of ownership and value available?	
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐

				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐

NB: Should your list exceed 30 items, please attach the extended list separately

Section O: Specified portable possessions

Please provide details of the specified portable items lost / damaged / stolen:

Description of item	Purchased from	Purchase amount	Age of Item in years	Proof of ownership and value available?	
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐

				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐

NB: Should your list exceed 10 items, please attach the extended list separately

Section P: Unspecified portable possessions

Please provide details of the unspecified portable items lost / damaged / stolen:

Description of item	Purchased from	Purchase amount	Age of Item in years	Proof of ownership and value available?	
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐
				Yes ☐	No ☐

NB: Should your list exceed 10 items, please attach the extended list separately

SECTION Q: RECOVERED ITEMS

Please provide details of the recovered items if any items were recovered

Description of item

NB: Should your list exceed 10 items, please attach the extended list separately

Please provide the current location of recovered items:

Declaration

I/we _____ hereby declare the aforementioned particulars to be true in every respect.

Signature of policyholder

Signature of claimant (if not policyholder)

Date

It is important that you notify us immediately when you become aware of any impending prosecution, inquest or demand related to this incident.

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