

HAIL CLAIM				
Broker/Agent	F	Policy no.	VAT reg. r	າ໐
Insured	Name and surname/company name Daytime contact no. Contact cellular phone no. Contact email address			
Date of loss	When did the loss/damage occur?			
Incident location	Address where loss/damage occurred			
Items claimed for			Building	Vehicle
In case of Vehicle	Vehicle make and registration no. Model and year			
Damage	Full description of loss/damage to items			
Other insurance	Is there any other insurance covering the	loss?	Yes	No
	If Yes, please give the name of the insurer			
Premium payment	Confirmation of premium payment attach	ed?	Yes	No
Excess	Excess value	R		
Assessor/ Loss Adjuster	Was a specialist appointed? If Yes, provide details (company name and contact no.)		Yes	No
Estimated damage	Estimated value of loss/damage to items	R		
Declaration				
By signing this claim form, I have acquired the insured's consent to obtain or share information and or any documentation concerning this claim from any person or institution including, but not limited to, any medical institution, financial institution, long term insurer, and or any other institution in order to investigate and assess the claim. I have informed the claimant that any false or misleading statements containing inaccurate or incorrect information which would result in a claim being submitted in a fraudulent manner, gives The Insurer the right to institute charges against the person making such fraudulent declaration and could result in the policy being cancelled and premiums forfeited.				
Broker/Account Executive/Administrator's signature Capacity				
Full name and surname				
Protection of Private Information				
Protection of Privat	e imormation			

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.