



NON-MOTOR CLAIM  
UNDER USD \$15 000

Broker/Agent			
Insurer			
Policy Number		ID number	
Home address			
Telephone number (landline)		Mobile number	

Date and time of loss/damage	
Place where loss/damage occurred if different from above	
Details on how loss/damage occurred	
Have you previously suffered loss/damage?	
Police station and reference number	
Is there any other insurance covering this loss/damage?	

Description of property	Value	Amount claimed

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

Payment Method	You may select, for added security of any amount due to you to be made directly into a bank account. Please complete below
Name of bank	
Name of account	
Type of account	
Branch name	
Branch number	
Account number	

I/We solemnly declare that I/we have suffered lost of or damage to the property enumerated and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above

Insured's signature

Date