

CLAIMS REPORT

Name of Insured & Policy number:

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Type of claim (mark with cross):

House owners	House Content	All Risk	Motor	Other
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Date, time and location of loss / damage:

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Item(s) damage and/or lost:

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Brief description of event(s):

Estimated Cost of repair / damage (attach quotes where possible):

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SAPS reference number, station and date of reporting:

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Signature of the Insured / Representative of the Insured:

Date:

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