

HOMEMAKERS INCLUSIVE CLAIM FORM

AGENCY _____ CLAIM NO.: _____
 APPLICABLE DEDUCTIBLE _____ OUTSTANDING PREMIUM _____

THE INSURED

NAME _____ OCCUPATION _____
 MAILING ADDRESS _____ E-MAIL ADDRESS _____
 HOME PHONE NO. _____ CELL PHONE NO. _____ FAX NO. _____
 Is the insured VAT registered? Yes No N/A VAT REG. NO. _____

POLICY DETAILS

POLICY NUMBER _____ POLICY PERIOD _____
 Is there any other insurance that may be applicable to this notification? Yes No
 If YES, please provide the following details:
 POLICY HOLDER _____ INSURER _____
 TYPE OF INSURANCE _____ PERIOD OF INSURANCE _____
 Has the matter been notified to that insurer? Yes No

LOSS INFORMATION

ADDRESS OF LOSS _____
 DATE AND TIME OF LOSS _____ Time _____ a.m./p.m.
 CAUSE OF LOSS _____
 DESCRIBE IN DETAIL HOW THE LOSS OCCURRED _____

 Were the premises occupied at the time of loss? Yes No
 If not, on what date and at what hour was the premises last occupied? _____
 Has the loss been reported to the Police/Fire Authorities? Yes No
 If Yes, on what date and at what station _____
 Was any element of risk introduced in the home which was not allowed by the Policy? Yes No
 If Yes, please provide details _____
 If any property was lost, have you taken any other steps to recover the lost property? Yes No
 If Yes, please provide details _____
 Were there any witnesses to the loss? Yes No
 If Yes, please provide their names, addresses and telephone contact information _____

 Is the claimant the sole owner of the property lost, damaged or destroyed? _____
 If not, please state the full particulars of any other interest _____
 Give details of any other previous claims at this location that you are aware of _____

THIRD PARTY BODILY INJURY

Was anyone injured at the time of the loss? Yes No
 If Yes, please provide the following details for the injured party/ies..
 NAME _____ OCCUPATION _____
 MAILING ADDRESS _____ E-MAIL ADDRESS _____
 HOME PHONE NO. _____ CELL PHONE NO. _____ FAX NO. _____
 NATURE OF INJURIES _____

 NAME _____ OCCUPATION _____
 MAILING ADDRESS _____ E-MAIL ADDRESS _____
 HOME PHONE NO. _____ CELL PHONE NO. _____ FAX NO. _____
 NATURE OF INJURIES _____
 Were any of the injured persons in your employ at the time of the loss? Yes No
 If Yes, please complete an Employer's Liability/Workmen's Compensation Claim Form and attach to this form when completed.

HOMEMAKERS INCLUSIVE CLAIM FORM

ENCLOSURES

(In support of your claim, please attach the following documents. Failure to supply any of these documents may delay the settlement of your claim.)

If the claim is in respect of BUILDING/S, it must be accompanied by two Builders' Estimates, obtained at the Insured's expense, of the cost of putting the Building into the same state as it was in immediately before the occurrence – no contemplated improvements may be included in such estimate.

If the claim is for CONTENTS, a full list of the Articles destroyed or damaged must be given.

In addition, the following documents will be required in order to expedite the claim.

- A copy of the Police Receipt if a report was made to the Police.
- Registered Tile Deed for property
- Purchase Invoices and repair estimates for any items damaged or destroyed
- Two forms of photo identification
- Any other documents that can assist the claim handler in the settlement of the claim

ITEM NO	DESCRIPTION	COST PRICE	DATE OF PURCHASE	ESTIMATED VALUE AT TIME OF LOSS	VALUE OF SALVAGE	NET AMOUNT CLAIMED

DECLARATION

I, FULL NAME: _____

POSITION: _____

of _____ and on behalf of the Insured do hereby declare all the above answers and statements to be true and correct and that no information relevant to this claim has been withheld and that all conditions and stipulations of the policy have been complied with.

SIGNATURE: _____

DATE: _____

NAME: _____

POSITION: _____