The Lion of Africa
INSURANCE COMPANY LIMITED

CLAIM FORM – LOSS OR DAMAGE/EISVORM – VERLIES OF SKADE

Policy No.
Polisnr. ______________________________

Claim No.
Eisnr. ______________________________

Please answer questions fully/Beantwoord vrae asseblief volledig.

Name of Insured
Naam van Versekerde______________________________

Occupation
Beroep ______________________________

I.D. Number
I.D. Nommer ______________________________

Address
Adres ______________________________

____

e-mail:______________________________

Telephone No.
Telefoonnr.

House
Huise ______________________________

Business
Besigheid______________________________

Cellular No.______________________________

1. Address of the premises at which the theft/loss/fire/damage occurred Adres waar die diefstal/verlies/brand/skade plaasgevind het	
2. Date of alleged theft/loss/fire/damage Datum van beweerde diefstal/verlies/brand/skade	a.m./p.m. day of year vm./nm. dag van jaar
3. a) By whom was it discovered? Deur wie ontdek? b) When? Wanneer?	
4. a) When reported to Police/Fire Brigade? Wanneer aan Polisie/Brandweerafdeling gerapporteer? b) At which Police/Fire Station? By watter Polisie-/Brandweerstasie?	
5. Describe the cause of the loss or damage and the manner in which it occurred. Beskryf die oorsaak van die verlies of skade en die wyse waarop dit plaasgevind het. Was there forcible entry? Was daar gewelddadige toegang?	
6. Were the premises inhabited at the time of the theft/loss/fire/damage? Was die gebou beset ten tyde van die diefstal/verlies/brand/skade? If not, when were they last occupied? Indien nie, wanneerlaas beset?	
7. Please state exactly how the premises were occupied at the time of the theft/loss/fire/damage Sê presies hoe die gebou ten tyde van die diefstal/verlies/brand/skade beset was	
8. Do you suspect anyone of the theft? Verdink u enigeen van die diefstal?	
9. Are you the sole owner of the property which is the subject of this claim? Is u die alleeneienaar van die eiendom wat die onderwerp van hierdie eis is? If not, give name and address of others interested. Indien nie, verstrek naam en adres van mede-eienaars.	
10. Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance? Is die eiendom wat die onderwerp van hierdie eis uitmaak deur enige ander versekering teen die verlies of skade hierbo beskryf verseker? If so, please give full details. Indien wel, verstrek asseblief volledige besonderhede.	
11. What steps are being taken to prevent a recurrence of loss? Welke stappe word gedoen om 'n herhaling van die verlies te voorkom?	
12. Please give details of previous losses. Verstrek asseblief besonderhede van vorige verliese.	

* Not applicable to Fire claims.
* Nie van toepassing op Brandeise nie.

Reg. No. 1999/12406/06
VAT Reg. No. 4170182705

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PARTICULARS OF THE CLAIM/BESONDERHEDE VAN DIE EIS

Description of Property Damaged Beskrywing van Beskadigde Eiendom	Date of Purchase Datum van Aankoop	Cost Price Kosprys	% of Depreciation % Waarde-vermindering	Depreciated Value of Property at time of Damage Verminderde Waarde van Eiendom ten tyde van Skade	Value of Salvage Waarde van Berging	*Amount Claimed including VAT *Bedrag Geëis m.i.v. BTW

*If you pay VAT as part of repair or replacement, it must be included in the Amount Claimed figures.
*Indien u BTW as deel van herstel of vervanging betaal, moet dit by die Bedrag Geëis-syfer ingesluit word.

Net Amount Claimed
Netto Bedrag van Eis **R**

The Authorisation: "I acknowledge the sharing of claims information by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. I hereby waive any right to privacy in any claims information supplied by me and I consent to such information being disclosed to any other insurance company or its agent. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I represent."

I/We understand that the issue of this form is not an admission of liability.

I/We hereby declare the foregoing particulars to be true in every respect and that I/we have not withheld from the Company any information within my/our knowledge connected with the loss.

Die Magtiging: "Ek erken die noodsaaklikheid daarvan dat eise-inligting deur Versekeraars gedeel word ten einde die Versekeringsbedryf in staat te stel om polisse te onderskryf, risiko's billik te evalueer en om in die openbare belang en met die oog op premiebeperking die omvang van bedrog met eise te verminder. Ek doen hiermee afstand van enige reg op privaatheid ten opsigte van enige eise-inligting wat deur my verstrek word en ek verleen toestemming dat sodanige inligting openbaar gemaak kan word aan enige ander versekeringsmaatskappy of sy agent. Ek doen ook afstand van enige reg op privaatheid ten opsigte van en verleen toestemming dat enige inligting wat betrekking het op enige versekeringseis aangaande my of enige versekerde persoon wat deur my verteenwoordig word, openbaar gemaak kan word."

Ek/Ons verstaan dat die uitreiking van hierdie vorm nie 'n erkenning van aanspreeklikheid is nie.

Ek/Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is en dat ek/ons geen inligting aan my/ons bekend wat betrekking het op hierdie verlies, van die Maatskappy weerhou het nie.

Insured's Signature
Versekerde se Handtekening ________________________

Insured's VAT Registration No. (if applicable)
Versekerde se BTW-registrasienr. (indien van toepassing) ________________________________

Date
Datum __________________

AGENT'S REPORT ON CLAIM/AGENT SE VERSLAG OOR EIS

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Agency
Agentskap ____

INSTRUCTIONS REGARDING CLAIMS

N.B.: This form must be completed in detail and returned to the Company within fifteen days of receipt.

The following particulars are required at the expense of the Insured:

For buildings

(1) A repairer's estimate giving dimensions and prices of the work required to place the building in the same state of repair as before the damage.
No contemplated improvements to be included in the estimate.
(2) Amount claimed.

For furniture, household goods, personal effects, stock, utensils and implements

(1) List of articles damaged or destroyed.
(2) Cost price of each article and when bought.
(3) Value of each article at time of damage after deduction for wear and tear or depreciation.
(4) Value of salvage.
(5) Repairer's estimate for articles damaged.
(6) Amount claimed.

OPDRAGTE MET BETREKKING TOT EISE

L.W. Hierdie vorm moet breedvoerig voltooi en binne vyftien dae na ontvangs aan die Maatskappy teruggestuur word.

Die volgende besonderhede word op onkoste van die Versekerde vereis:

Vir geboue

(1) 'n Hersteller se raming, met afmetings en pryse van die werk wat nodig is om die gebou in dieselfde toestand as voor die skade te bring.
Geen beoogde verbeterings moet by die raming ingesluit word nie.
(2) Bedrag geëis.

Vir meubels, huishoudelike goedere, persoonlike besittings, voorraad en gereedskap en implemente

(1) Lys van artikels wat beskadig of vernietig is.
(2) Kosprys van elke artikel en wanneer aangekoop.
(3) Waarde van elke artikel ten tyde van die skade na aftrekking vir slytasie of waardevermindering.
(4) Waarde van berging.
(5) Hersteller se raming indien artikels herstel kan word.
(6) Bedrag geëis.