

HOME OWNERS / HOUSEHOLD / ALL RISK

CLAIM FORM

Personal Lines



Policy No. G C P 0 0

Claim No. G C M 0 0

Please complete in full, sign and email to claims@miragebrokers.co.za

PARTICULARS OF INSURER

Name (Surname, Initials and Title)
Co-Insured

I.D. No. of Insured
I.D. No. of Co-Insured
Age

Address
Code

E- Mail Address.

Telephone No. Cellular Work

Occupation Employer

Marital Status Married Divorced Single Widow/ er

HOUSE OWNERS / HOUSEHOLD / ALL RISK

Kindly indicate type of claim: HOME OWNERS HOUSEHOLD ALL RISK

Select: Damage Lightning Theft Burglary

Complete section below pertaining to claim event:
Was property occupied? Yes No N/A

Table with 3 columns: DATE OF INCIDENT, TIME, PLACE (of damage/ lightning/ theft/ burglary)

If accessories or items stolen or damaged, provide full details: (if necessary use separate page)

WITNESS

Full Name & Surname:	Contact No:	Address:

POLICE DETAILS

Only applicable in the event of theft or burglary

POLICE DETAILS (Station & Telephone No)	NAME OF POLICE / TRAFFIC OFFICER (that recorded details of incident)	POLICE CASE NO.

DESCRIPTION OF INCIDENT

Description of incident (if necessary use separate page)

SKETCH SCENE OF INCIDENT (if applicable)

Sketch scene of incident (if necessary use separate page)

DECLARATION

I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.

I/We accept and understand that any false or incorrect information could severely prejudice and validity of the claim.

Signature of Co-Insured _____

Date _____

D D M M Y Y Y Y

Signature of Insured _____

Date _____

D D M M Y Y Y Y

Capacity _____

***Kindly attach copy of your ID to this application form and the necessary quotations for the replacement of goods.**

NB: It is important that you notify the insurers immediately if you become aware of any impending prosecution, inquest or demand.