

**BUSINESS**

**CLAIM FORM**

**Commercial Lines**



Policy No. 

G	C	P	
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Claim No. 

G	C	M	
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*Please complete in full, sign and email to [claims@miragebrokers.co.za](mailto:claims@miragebrokers.co.za)*

**PARTICULARS OF INSURER**

Name (Surname, Initials and Title) 

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Co-Insured 

--

I.D. No. of Insured 

--

 Age 

--

  
I.D. No. of Co-Insured 

--

 Age 

--

Address 


 Code 

--

E- Mail Address. 

--

Telephone No. Cellular 

--

 Work 

--

Occupation 

--

 Employer 

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Marital Status Married  Divorced  Single  Widow/ er

**OFFICE CONTENTS / BUSINESS ALL RISK / ALL RISK**

Kindly indicate type of claim: 

OFFICE CONTENTS
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ALL RISK
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BUSINESS ALL RISK
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Select: 

Damage
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Lightning
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Theft
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Burglary
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Complete section below pertaining to the claim event:  
Was property occupied? Yes  No

DATE	TIME	PLACE (of damage/ lightning/ theft/ burglary)

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

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## 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.

**PLEASE NOTE:**

**\* ALL CLAIMS TO BE REPORTED TO YOUR NEAREST POLICE STATION WITHIN 48 HOURS AND SUBMITTED WITHIN 30 DAYS**

**DOCUMENTS TO ACCOMPANY YOUR CLAIM:**

- 1.) Clear copy of ID
- 2.) Documentations as per requirements requested

**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

The FSP respects the rights to privacy and confidentiality of our potential and existing clients' personal information. You give consent that we may process, transfer and disclose your personal information for the purposes of providing you with insurance products and services and complying with your instructions. This may necessitate us sharing information with third parties to give effect to your insurance requirements. A copy of the POPI Policy and Privacy Policy is available on our website or upon request. We hereby consent that we may share your information to enable us to process your claim.

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