

HOMEOWNERS / HOUSEHOLD / ALL RISK

CLAIM FORM

Personal Lines



Policy No. G C P [ ]

Claim No. G C M [ ]

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 [ ] Age [ ]
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)
[ ]
[ ]
[ ]
[ ]
[ ]



## 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

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