



# EISVORM

# CLAIM FORM

VIR ALLE RISIKO'S, BRAND,  
GELD, HUISBEWONERS,  
HUISEIENAARS, INBRAAK,  
SAAMGEVATTE, SPESIALE GEVARE

FOR ALL RISKS, FIRE,  
MONEY, HOUSEHOLDERS,  
HOUSEOWNERS, BURGLARY,  
COMBINED, SPECIAL PERILS

POLISNR.  
POLICY NO.

## 1. DIE VERSEKERDE / THE INSURED

Naam  
Name

Identitetsnr.  
Identity No.

Adres  
Address

Poskode  
Postal code

Beroep of besigheid  
Occupation or business

Telefoonnr.  
Telephone No.

Huis  
Home

Besigheid  
Business

2. Adres waar die verlies of skade plaasgevind het.  
Address at which the loss or damage occurred.

3. Wanneer het die verlies of skade plaasgevind? Datum  
When did the loss or damage occur? Date

Tyd  
Time

h

(bv./eg. 15h30)

4. Beskryf volledig hoe die verlies of skade plaasgevind het.  
Describe fully how the loss or damage occurred. How  
they gained entry.

5. Was die perseel ten tyde van die verlies of skade bewoon?  
Were the premises occupied at the time of the loss or damage?

6. Is die verlies of skade by die polisie aangemeld?  
Was the loss or damage reported to the police?

Indien nie, hoekom nie?  
If not, why not?

Indien wel, wanneer en waar  
If so, when and where

S.A. Polisie verwysingsnr.  
S.A. Police reference no.

7. Wat is u beraming van die waarde van die hele inhoud van die perseel ten tyde van die verlies of skade.  
What is your estimate of the value of the entire contents at the time of the loss or damage?

Ek/Ons waarborg die waarheid van die antwoorde op die bovenoemde vrae en ek/ons verklaar dat geen inligting verswyg is nie en dat die bedrag geëis my/ons verlies wat uit die genoemde gebeure ontstaan het verteenwoordig.

I/We warrant that the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Geteken te  
Signed at

Op  
On

Handtekening van Versekerde  
Signature of Insured

