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INSURANCE BROKERS (PTY) LTD EST 1989

REGISTRATION NUMBER: 2001/023867/07

AUTHORISED FINANCIAL SERVICES PROVIDER. LICENCE NUMBER 1422

CLAIMFORM

ALL RISK, FIRE, MONEY
HOUSEHOLDERS, HOMEOWNERS
BURGLARY, THEFT, COMBINED
SPECIAL PERILS

ATTACH PROOF OF OWNERSHIP WITH DAMAGE REPORT AND REPLACEMENT OR REPAIR QUOTE

CLAIMFORM TO BE COMPLETED AND RETURNED WITHIN 30 DAYS FROM DATE OF OCCURRENCE

INSURED DETAILS		POLICY NUMBER:	
NAME			
ADDRESS			
CONTACT NUMBER	CELL:	WORK:	
ID NUMBER/ VAT NUMBER			
OCCUPATION			
PREVIOUS INSURER & POLICY NO			

DETAILS OF THE LOSS	
DATE OF LOSS?	
TIME OF LOSS?	
ADDRESS WHERE LOSS OCCURRED?	
DESCRIPTION OF HOW LOSS OCCURRED?	
PREMISES OCCUPIED AT TIME?	
ALARM INSTALLED?	
ALARM ACTIVATED?	
REPORTED TO POLICE?	
POLICE STATION & REF NO	
OWNER OF PROPERTY?	
BOND ON PROPERTY?	
THATCHED ROOF ON PREMISES?	
OTHER INSURANCE & DETAILS	

DETAILS OF LOST/STOLEN/DAMAGED ITEMS

PLEASE COMPLETE PAGE 2

Director: R.V. du Plessis A.C.I.I A.I.I.S.A Chartered Insurance Practitioner (CEO)

Physical Address: PROFESSIONAL PLACE, 95 Monument Road, Kempton Park | Tel: 0861-444400 | Fax: (011) 394 8917

Postal Address: PO Box 11975, Aston Manor 1630

Email: info@tuffstuff.co.za

DETAILS OF LOST/STOLEN/DAMAGED ITEMS			
DESCRIPTION OF ITEM	DATE ACQUIRED	PURCHASED FROM	AMOUNT CLAIMED

I/WE WARRANT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED PRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURRENCE.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20_____

SIGNATURE OF INSURED _____ SIGNATURE OF DRIVER _____

THE ISSUE OF THIS CLAIMFORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION IS DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION, OFFER, PROMISE, PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY.