

motor  
  household  
  ldv  
  business  
  hospitality  
  value added

Send Claim forms to: 086 552 6631 or e-mail to [claims@affinityum.co.za](mailto:claims@affinityum.co.za)

**CLAIM FORM - LOSS OR DAMAGE**

**Insured Section**

Date			
Insured Name			
Insured Id No			
Policy No			
Insured Address			
Suburb			
Town			
Province			
Code			
Contact Person			
Landline Number		Fax Number	
Cell Number			
e-mail address			

Broker		Fsp No	
Contact Number			
Broker Agent			

**General section**

**PLEASE ANSWER ALL QUESTIONS IN FULL**

Insured Occupation				
Address of premises at which loss occurred				
Date of loss	DAY	MONTH	2013	
Time of loss		AM	PM	
By whom was it discovered?				
When was it discovered?	DAY	MONTH	2013	
When was the incident reported to the Police/Fire Station?	DAY	MONTH	2013	
At Which Police/Fire Station?				



## CLAIM FORM - LOSS OR DAMAGE

### General section

Case Number

Describe the cause of the loss or damage and how it occurred, within a 24 hour period describing events leading up to, including and after the

loss:

Was there forcible entry, please describe how they gained access, and submit repair quotes, and or invoices?

Were the premises inhabited during the loss?

If not, when last occupied? DAY  MONTH  2013

Please state exactly how the premises were occupied during the loss

Do you suspect anyone of causing the loss?

Are you the sole owner of the property which is subject to this claim?

Is the property subject to this claim described above, insured by any other insurer?

State amount of Fire Insurance and name of Company

What steps are being taken to prevent a recurrence of the loss?

Please give details of previous losses.

Description	Date of Purchase	Cost Price	Amount Claimed Inc Vat

Nett Claimed Amount

\*If you pay VAT as part of repair or replacement it must be included in the Amount Claimed figures.



## CLAIM FORM - LOSS OR DAMAGE

### Declaration & Requirements

**DECLARATION:**

- I/We understand that the issue of this claim form is not an admission of liability.
- I/We hereby declare the foregoing particulars to be true in every respect and that
- I/We have not withheld from the Company any information within my/our knowledge connected with the loss.
- I/We have not made admission of liability to any third party.

Insured Signature

DAY  MONTH  2013

**Please read in order to complete and submit claim form**

We require the following documents together with the claim forms:

**Where items are stolen**

- Proof of ownership/ proof of original invoice
- Quotation for replacement of goods
- Proof of black listing for cell phone claims
- Copy of SAP report when reported and list of items reported stolen to the SAP, can be obtained from the police department reported to

**Specifically where goods are stolen/ or damaged within the house we will further require the following:**

- Where alarm installed, activation report from the Alarm company on the date of loss
- Completed inventory form
- Proof of entry, i.e. repair quote to window, door etc
- Valuation certificates for Jewellery items

**Where items are damaged:**

- Repair report on cause of loss of damaged goods
- Quotation for replacement or repair of damaged goods
- You will be asked for the damaged goods where not repairable, the insurers will retain all salvage and software, hardware, accessories that belong to the damaged item

**Please Note** – Your claim will only be finalized once full and complete information is received, please ensure the claims form is completed and signed in full and all requested documents are forwarded in order to allow us to expedite the processing of your claim.

**The insurers reserve the right to request further documents and information as required depending on the merit and circumstances of losses as applicable.**