

NON MOTOR CLAIM FORM			
BROKER	Barton Financial Services	POLICY NUMBER	
INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)			
THE INSURED	Name and age		
	ID number		
	Physical address		
	Occupation or business		
	Contact telephone number (H)	(W)	(C)
	E-mail address		
FULL DESCRIPTION OF DAMAGE / LOSS	Address where the loss or damage occurred		
	Date of loss:		
	Time (e.g.11h30):		
	Describe fully how the loss or damage occurred:		
	Were the premises occupied at the time of loss/damage and if so, by whom:		
	Was the loss reported to the police (including date):		
	SAP case number:		
	Police station:		
	Are you the sole owner of the lost or damaged property (if not provide particulars of the other parties):		
	Estimated value of loss or damage R		
	Is there a bond of the property:		
	Name of the bond holder:		
	Have you suffered a loss previously:		
	If yes, please provide full description of previous claims/losses within the past 5 years:		
	Is the property lost/damaged insured under any other policy:		
	If so, provide full particulars:		

DECLARATION

I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim and I render to the company every assistance in my power in dealing with the matter. I also declare that there is no other insurance under which a claim can be made and that the said property is my sole property (unless declared otherwise).

SIGNATURE OF INSURED

DATE

