

ALL RISK CLAIM FORM

Every question must be answered fully (can be answered in English or Afrikaans), the abbreviation N/A should be used where the question is not applicable. The Company does not admit liability by the issue of this form.

DETAILS OF THE INSURED		POLICY NUMBER	
NAME		IDENTITY NUMBER	
RESIDENTIAL ADDRESS		CODE	
TELEPHONE NO (HOME)		(BUSINESS)	
ADDRESS AT WHICH THE LOSS OR DAMAGE OCCURED			
WHEN DID THE LOSS OF DAMAGE OCCUR? DATE		TIME	
DESCRIBE FULLY HOW THE LOSS OR DAMAGE OCCURRED			
WAS THE LOSS OR DAMAGE REPORTED TO THE POLICE?		IF NOT, WHY NOT?	
IF YES, WHEN AND WHERE?		SA POLICE REF.NO	
WHAT IS YOUR ESTIMATE OF THE VALUE AT THE TIME OF THE LOSS OR DAMAGE?		R	
LIST FULLY PROPERTY LOST/DAMAGED (USE ADDITIONAL PAPER IS NECESSARY)			

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 REPRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURRENCE.

SIGNED AT _____ ON THIS THE _____ DAY
OF _____ 20 _____

INSURED

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

Postal Address.
Postnet Suite #L19
Private Bag X37
Lynnwood Ridge
0040

Physical Address.
Unit 52, Block 4
Lombardy Business Park
Corner of Cole and Graham Road
Silver Lakes, Pretoria, 0054

Telephone.
012 809 1062 / 078 460 3114
Facsimile.
012 809 1072 / 0866 909 971

email.
scottpm@firstinternational.co.za
web.
www.firstinternational.co.za

Authorised Financial
Services Provider.
License number 16438

Reg number.
1945/019293/07

VAT number.
4110227818

Directors.
Mrs. Patrizia Scott MD
Dr. Gerrit Sandrock