



**FIRST INTERNATIONAL**

## GENERAL CLAIM FORM

All questions 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			
<b>NAME &amp; SURNAME / COMPANY DETAILS</b>			
<b>INSURER</b>			
<b>POLICY NUMBER</b>			
<b>COMPANY REG NUMBER / ID NUMBER</b>			
<b>CLAIM NUMBER</b>			
<b>RESIDENTIAL / BUSINESS ADDRESS</b>			
<b>POSTAL CODE</b>			
TELEPHONE NUMBERS			
<b>CELLPHONE</b>			
<b>WORK NUMBER</b>			
<b>HOME NUMBER</b>			
CLAIM DETAILS			
<b>WHEN DID THE LOSS OR DAMAGE OCCUR</b>	<b>DATE</b>		<b>TIME</b>
<b>ADDRESS AT WHICH THE LOSS OR DAMAGE OCCURED</b>			
<b>DESCRIBE FULLY HOW THE LOSS OR DAMAGE OCCURRED</b>			



**PHYSICAL ADDRESS:**  
Lombardy Business Park  
Unit 25-26, Block 2  
Corner of Cole and  
Graham Road  
Silver Lakes,  
Pretoria, 0054

**POSTAL ADDRESS:**  
Postnet Suir #L19  
Private Bag X37  
Lynnwood Ridge  
0040  
**TELEPHONE:**  
012 809-1062  
082 670-7445

**AUTHORISED FINANCIAL  
SERVICES PROVIDER**  
License number: 16438

**REG NUMBER:**  
1945/019293/07  
**VAT NUMBER:**  
4110227818

**EXECUTIVE CHAIRMAN:**  
DR. JAJ SCHALCH  
Email: jurg@fipm.co.za

**EXECUTIVE DIRECTOR:**  
TAE OHLENSCHLÄGER (German)  
Email: thomas@fipm.co.za

**YOUR RISK - OUR CONCERN**

Email: info@fipm.co.za  
Web: www.firstinternational.co.za

<b>WAS THE LOSS OR DAMAGE REPORTED TO THE POLICE?</b>		<b>IF NOT, WHY?</b>	
<b>IF YES, WHEN?</b>		<b>WHERE?</b>	
<b>SA POLICE REF NO</b>			
<b>ESTIMATED VLAUE OF CLAIM</b>			
<b>WHAT IS YOUR ESTIMATE OF THE VALUE AT THE TIME OF THE LOSS</b>		<b>R</b>	
<b>LIST OF ALL ITEMS LOST/DAMAGED (USE ADDITIONAL PAPER IF NECESSARY)</b>			

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 THE \_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
INSURED SIGNATURE

***THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY***



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