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LAUREN@ORCHIDRISK.CO.ZA

Policy No: _____ Name: _____ Address: _____	ID No _____ Email / Fax: _____ Phone No: _____ Cell. No: _____
Address of premises at which the Theft/Loss/Fire/ Damage occurred	
Date of Loss/ Occurance	
a. By whom was it discovered? b. When was it discovered?	a. _____ b. _____
a. Date reported to Police/Fire Brigade. b. At which station. c. Case number.	a. _____ b. _____ c. _____
a. Describe the cause of the Loss or Damage and the manner in which it occurred	a. _____ _____
b. Was there forcible and/or violent entry/exit?	b. _____ _____
a. Where the premises inhabited at the time of the Loss? b. If not, when last occupied?	a. _____ _____
How are the premises occupied, dwelling/office etc.?	b. _____ _____
If theft, do you suspect anyone?	
a. Are you the sole owner of the property which is the subject of this claim? b. If not, give the name of the interested party.	a. _____ _____
Is this property insured with any other Insurance Company?	b. _____ _____
What steps have been taken to prevent a similar recurrence of this type of loss?	

Please give details of previous losses.	
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Particulars of the Claim

Description of Property Loss/Damaged	Where	Purchased	Salvage Value	Amount Claims
			Net Amount Claimed	

Your banking details:	
Account holder name:	
Name of Bank:	
Branch Code:	
Account number:	
VAT Number:	

Use continuation sheet where required and attach.....

I/We understand that the issue of this 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.

Date: _____ **Insured's Signature:** _____

Instructions regarding the completion of this form

For Building Claims

1. A repairers estimate for the work required to indemnify you to be attached

For Contents Claims

1. Quotations for Items damaged/stolen
2. Repairers estimate if repairs required