

<b>Head Office</b> Renasa House 170 Oxford Road, Melrose	<b>Head Office</b> Tel: 011-380 3080 Fax: 011-380 3088
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## NON-MOTOR CLAIM UNDER R15 000

<b>Broker/Agent</b>			
<b>Insurer</b>			
<b>Policy Number</b>		<b>ID number</b>	
<b>Home address</b>			
<b>Telephone number (landline)</b>	<b>Mobile number</b>		

<b>Date and time of loss/damage</b>	
<b>Place where loss/damage occurred if different from above</b>	
<b>Details on how loss/damage occurred</b>	
<b>Have you previously suffered loss/damage?</b>	
<b>Police station and reference number</b>	
<b>Is there any other insurance covering this loss/damage?</b>	

DETAILS OF PROPERTY LOST / STOLEN OR DAMAGED		
Description of property	Value	Amount claimed

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

PLEASE SUPPLY A QUOTATION IN RESPECT	
<b>Payment Method</b>	You may select, for added security of any amount due to you to be made directly into a bank account. Please complete below
<b>Name of bank</b>	
<b>Name of account</b>	
<b>Type of account</b>	
<b>Branch name</b>	
<b>Branch number</b>	
<b>Account number</b>	

I/We solemnly declare that I/we have suffered lost of or damage to the property enumerated and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above

Insured's signature

Date