

# Murray Clan

INSURANCE BROKERS (PTY) LTD

Murray Clan Insurance Brokers (Pty) Ltd  
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CLAIM FORM – GENERAL			
ALL RISK, FIRE, MONEY, HOUSEHOLDERS, HOUSEOWNERS, BURGLARY, COMBINED, SPECIAL PERILS			
INSURANCE COMPANY	POLICY NO.	CLAIM NO.	CERTIFICATE NO.
<b>THE INSURED</b>			
Name			
Identity No.			
Address & Postal Code			
Occupation or business			
Contact Details:	Home No.		E-mail Address
	Work No.		Fax No.
	Cell No.		
Address at which the loss or damage occurred			
When did the loss or damage occur?	Date	Time (eg. 15h30)	
		h	
Describe fully how the loss or damage occurred			
Have you previously suffered a loss?			
Full description of previous claims/ losses			
Were the premises occupied at the time of the loss or damage?			
If not, when was it last occupied			
How were the premises occupied at the time of the loss or			
Was the loss or damage reported to the police?			
If so, when and where			
S.A. Police reference no.			Police Station
Are you the sole owner of the lost or damaged property?			
If not, give full particulars of other parties concerned			
What is your estimate of the value of the entire contents at the time of the loss or damage?			R
What is your estimate of the value of the building(s) at the time of the loss or damage?			R
Has the building(s) a thatch roof?			
Is the lost or damaged property insured under any other policy?			
If so, give full particulars			

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

\_\_\_\_\_  
Signature of insured

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

