



ALL RISK, FIRE, HOMEOWNERS, HOUSEHOLDERS & SPECIAL PERILS CLAIM FORM

Rodel Administration Services (Pty) Ltd is an authorised financial services provider - FSP 5431
 A proud member of the Financial Intermediaries Association of Southern Africa (FIA)
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INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)												
1. THE INSURED												
NAME & SURNAME:												
ID NUMBER:											AGE:	
POLICY NUMBER:						TELEPHONE NO.:						
ADDRESS:								POSTAL CODE:				
2. DETAILS OF LOSS												
ADDRESS WHERE LOSS OCCURRED:												
								POSTAL CODE:				
WHEN DID LOSS OCCUR:		DATE:		2	0					TIME:		h
TICK CATEGORY OF LOSS:		ALL RISK:		HOMEOWNERS:		HOUSEHOLDERS:						
PREVIOUSLY LOSSES SUFFERED:		DESCRIPTION OF PREVIOUS CLAIMS:										
WAS THE PREMISES OCCUPIED AT THE TIME OF LOSS				WHEN WAS IT LAST OCCUPIED								
WAS THE LOSS REPORTED TO THE POLICE				S.A. POLICE REFERENCE NO.								
IF SO, WHEN AND WHERE												
ARE YOU THE SOLE OWNER OF THE LOST/DAMAGED PROPERTY								YES		NO		
IS THERE A BOND ON THE PROPERTY				NAME OF BONDHOLDER								
ESTIMATE VALUE OF THE BUILDING(S) AT THE TIME OF LOSS												
HAS THE BUILDING(S) A THATCH ROOF				YES		NO						
IS THE PROPERTY INSURED UNDER ANY OTHER POLICY:								POLICY NUMBER:				
NAME OF UNDERLYING INSURER:												
BANK DETAILS OF POLICY BENEFICIARY												
NAME OF BANK.:												
ACCOUNT NO.:											BRANCH CODE:	
DATE:		PLACE:		ATTACHED ACCOUNT VERIFICATION:								

