



NON-MOTOR

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)
 • VAT Nr. 4420210264 • Reg Nr. 1997/013419/07

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 THE LOSS OCCUR:		DATE:	2	0					TIME:
POLICY SECTION THAT YOU ARE CLAIMING FROM:									
DESCRIPTION OF LOSS:									
WAS THE PREMISES OCCUPIED AT THE TIME OF LOSS		YES		NO					
WHEN WAS IT LAST OCCUPIED:									
SA. POLICE REFERENCE NUMBER IN THE EVENT OF A LOSS DUE TO THEFT:									
SA POLICE STATION REPORTED AT:									
FULL ITEM DESCRIPTION	WHERE ACQUIRED	WHEN ACQUIRED	CLAIM AMOUNT						

I/WE WARRANT THAT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE CLAIM REPRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURANCE.

- We care about your privacy in order to provide you with our service we and our service providers have to process the personal information you provided us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.
- The information that is sought herein is not intended to be an exhaustive list and the insurer accordingly reserves the right to request any further information deemed appropriate while investigating the claim.
- Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Signed at: _____ On: _____ 20 ____.