



"INSURING YOUR PEACE OF MIND"

TEL: 031-583 2200
 FAX: 031-566 4226
 EMAIL: info@tibs.co.za
 WEBSITE: www.tibs.co.za
 FSP NUMBER: 5950

GENERAL LOSS CLAIM FORM

INSURED	Name			
	Address			
	Telephone no.		Cell:	
	Fax no.		Email:	
	Identity document no.			
	Vat number			
LOSS/DAMAGE OCCURRENCE	Date and time of loss/damage			
	When was loss/damage discovered?			
LOSS/DAMAGE PLACE	Place where loss/damage occurred			
	(a) Were premises occupied?		(a)	(b)
	(b) By whom?			
	If not occupied when last occupied?			
Purpose of occupation				
CAUSE OF LOSS/DAMAGE	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises			
	If loss/damage caused by another party give name and address			

PREVIOUS LOSS/DAMAGE	Have you previously suffered a loss/ damage?			
	If so, give details			
	If insured, provide name of insurer			
POLICE	Police reference no.,station	Police Station	Reference Number	Date Reported
OTHER INTEREST	Has any other party an interest in the insured property, eg, Credit agreement			
	If so, give name and interest			
OTHER INSURANCE	Is there any other insurance covering this loss?			
	If so, give name of insurers			
VALUE	Estimated total of all the property, insured under the policy			
	When last valued?			
PAYMENT METHOD	Payment method :- You may select, for added security, payment of any amount due to you directly into a bank account. Please complete details below.			
	Name of bank:-	Branch:-	Account Holder:-	Branch Code:-
	Type of account :-		Account number:-	
DECLARATION	<p>I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated and that the said property was in/my possession immediately prior to the said loss/damage which occurred in the circumstances described above.</p> <p>Insured's Signature _____ Date _____</p> <p>Print Name _____</p>			

