

PROPERTY LOSS OR DAMAGE

Claim Form

INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

VAT number

INCIDENT

Date of incident

Time of incident

Place of loss

Estimate

Is this incident covered under any other policy of insurance?

YES

NO

POLICE

Place where reported

Date of reporting

Case number (if reported)

LOSSS CAUSED BY OTHER PARTIES

Name

Contact phone number

Contact email address

Address

THEFT / BURGLARY / FORCIBEL ENTRY

Is there a working alarm at the insured premises where loss or damage took place?

YES	NO
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Alarm activation report attached?

YES	NO
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Proof of forcible entry (e.g. repair invoice) attached?

YES	NO
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Full description of how entry was gained to the property

DESCRIPTION OF EVENTS RESULTING IN LOSS OR DAMAGE

ITEMS CLAIMED

Description of items that are being claimed for	Date replaced	Cost of replacement	Supporting documents reference (documents must be attached)

DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of section 8(8) of the VAT Act 89 of 1991.

Insured’s signature

Capacity

Date

Cape Town
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F 021 914 0290
E info@westnat.com

Gauteng
T 012 523 0900
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