



SHORT TERM BROKERS

Value. Service. Trust

Short Term Brokers is an authorised financial services provider – FSP no. 10670

GENERAL CLAIM FORM (all risk, householders, homeowners)

Insurer:		Policy Number:		Claim Number:	
Insured name:				ID Number:	
Occupation / Business:			Day time Tel number:		
Address:					
Address where loss / damage occurred:					
Date of loss / damage:					
Describe fully how the loss / damage occurred:					
Have you previously had a claim / loss? YES / NO					
Description of previous claims:					
Police details (if applicable)		Station		Telephone number:	
		Case number:		Officer:	
Are you the owner of the lost / stolen / damaged property? YES / NO					
If NO, please give details of other party concerned:					
Were the premises occupied at the time? YES / NO					
If not, when was the last time there was someone in the premises?					
If loss / damage occurred at a premises, is there a bond on the property? YES / NO					
Name and address of bondholder:					
What is your estimate at the time of the loss?		Contents		Building	
Does the building have a thatched roof? YES / NO					
Is the lost / stolen / damaged property insured under any other policy? YES / NO					
If YES, please provide details:					
Geyser claim? YES / NO		Size of geyser:			
Is there consequential damage? YES / NO					
If YES, please describe:					



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Description of Property	Date purchased	From whom purchased? Gift?	Amount claimed

DECLARATION:

I / We hereby declare the foregoing particulars to be true in every respect, that no information has been withheld and that the amount claimed represents the loss arising from the above stated occurrence.

Date:

Signature of insured:

NB: It is very important that you notify the Insurers immediately if you become aware of any impending prosecution, inquest or demand resulting from the loss or damage.