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## CLAIM FORM – LOSS OR DAMAGE

**TYPE OF LOSS**

FRE	COMB	HOUSEHOLDERS	HOMEOWNERS	BURGLARY	ALL RISK
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POLICY NO. \_\_\_\_\_

CLAIM NO: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Telephone: (h) \_\_\_\_\_

(w) \_\_\_\_\_

(f) \_\_\_\_\_

(cell) \_\_\_\_\_

**PLEASE ANSWER ALL THE QUESTIONS IN FULL**

1. Address of premises at which the theft/loss/fire damage occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Date of alleged theft/loss/fire/damage \_\_\_\_\_ am/pm \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

3. (a) By whom was it discovered? \_\_\_\_\_

(b) When \_\_\_\_\_

4. (a) When reported to Police/ Fire Brigade: \_\_\_\_\_ / \_\_\_\_\_ /20\_\_\_\_ CASE NO: \_\_\_\_\_

(b) At which Police Station / Fire Brigade : \_\_\_\_\_

5. Describe the cause of the loss or damage and how it occurred:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Was there forcible entry? \_\_\_\_\_

6. Were the premises inhabited during the loss? \_\_\_\_\_

If not, when last occupied? \_\_\_\_\_

7. Please state exactly how the premises were occupied during the loss  
 \_\_\_\_\_  
 \_\_\_\_\_

8. Do you suspect anyone of causing the loss? \_\_\_\_\_

9. Are you the sole owner of the property which is subject to this claim?  
 \_\_\_\_\_

10. Is the property subject to this claim described above, insured by any other insurer? \_\_\_\_\_

11. State amount of Fire Insurance and name of Company  
 \_\_\_\_\_  
 \_\_\_\_\_

