



GARY LEECH INSURANCE BROKERS

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NON MOTOR CLAIMS UNDER R5000

1. INSURED INFORMATION

Name :	Contact Tel No :	e-mail:
Address :		

2. OCCURRENCE DETAILS

Date and time of loss /damage :	Date when the loss /damage discovered?
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3. PLACE OF LOSS/DAMAGE

Place where loss/damage occurred :	
Were the premises occupied? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes – By whom :	If No - State when last the place was occupied :

4. CAUSE OF LOSS/DAMAGE

Describe fully how the loss/damage occurred :

5. POLICE DETAILS

Police Reference Number :	Date Reported :	Station:
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6. DETAILS OF PROPERTY LOST, STOLEN OR DAMAGED

DESCRIPTION OF PROPERTY	VALUE

PLEASE SUPPLY A REPLACEMENT QUOTATION IN RESPECT OF ITEMS CLAIMED

7. PAYMENT METHODS

Name of Account Holder :	Bank:	Branch:
Account Type :	Account Number :	

7. DECLARATION

I/we hereby declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

Signature of Insured	Date
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