



**New National (Head Office)**  
 Company Reg. Number: 1971/010190/06  
 Physical Address: 5<sup>th</sup> Floor, Field House, Joe Slovo (Field Street) Durban  
 Telephone: 031 334 2000  
 Facsimile: 031 301 1166

**New National (Johannesburg Branch)**  
 Company Reg. Number: 1971/010190/06  
 Physical Address: 33 Oxford Road Forest Town Johannesburg  
 Telephone: 011 646 7456  
 Facsimile: 011 646 7698

**CLAIM FORM – LOSS OR DAMAGE**

Type of Loss: 

|      |                          |      |                          |     |                          |     |                          |      |                          |     |                          |
|------|--------------------------|------|--------------------------|-----|--------------------------|-----|--------------------------|------|--------------------------|-----|--------------------------|
| FIRE | <input type="checkbox"/> | COMB | <input type="checkbox"/> | H/O | <input type="checkbox"/> | H/H | <input type="checkbox"/> | BURG | <input type="checkbox"/> | A/R | <input type="checkbox"/> |
|------|--------------------------|------|--------------------------|-----|--------------------------|-----|--------------------------|------|--------------------------|-----|--------------------------|

Policy Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_

**PLEASE ANSWER THE FOLLOWING QUESTIONS IN FULL:**

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

I.D. Number: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_

|     |   |  |
|-----|---|--|
| 1.  | Address of premises at which the theft / loss / fire / damage occurred.   |  |
| 2.  | Date of alleged theft / loss / fire / damage.   |  |
| 3.  | By whom was it discovered?<br>When?   |  |
| 4.  | When was it reported to the Police / Fire Brigade?<br>At which Police / Fire Station?   |  |
| 5.  | Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises.<br><br>If loss / damage was caused by another party give name and address. |  |
| 6.  | Were the premises inhabited at the time of the theft / loss / fire / damage?<br><br>If not, when were they last occupied?   |  |
| 7.  | Please state exactly how the premises were occupied at the time of the theft / loss / fire / damage.  |  |
| 8.  | Do you suspect anyone for the theft or loss?  |  |
| 9.  | Are you the sole owner of the property which is the subject of this claim?<br><br>If not, provide names and addresses of those concerned.   |  |
| 10. | Is the property which is the subject of this claim insured against the loss or damage described above by any other insurance?<br><br>If so, please give full details.                   |  |
| 11. | What steps are being taken to prevent a recurrence of the loss?   |  |
| 12. | Please give details of previous losses.   |  |

\*Not Applicable to Fire Claims

