



CELL INSURANCE

MISCELLANEOUS CLAIM FORM

PLEASE COMPLETE IN BLOCK LETTERS & TICK WHERE APPLICABLE

Supporting documents required to process claim
 (a) A police report if claim involved theft
 (b) At least 3 repair quotations from a reputable repairer

SECTION I: INSURED'S DETAILS

Name of insured:

Physical address:

Postal address:

Telephone Number:

Mobile Number:

SECTION II: DETAILS OF LOSS / DAMAGE

1. When did the loss / damage occur:

2. Describe fully how the loss occurred:

3. Have you previously suffered a loss? Yes No

If yes, please give full details of the loss / incident

4. Were the premises occupied at the time of loss? Yes NoIf not when was it last occupied? 5. Was the loss / damage reported to Police? Yes No If Yes, attach report or IR No.:

6. If you are not the sole owner of the lost or damaged property please give details of the other parties involved:

If there is a bond on the property state the Name of the Bond Holder: 7. What is the estimated value of the entire property at the time of the loss or damage: 8. Do(es) the building(s) have any thatched roof? Yes No9. Is the lost or damaged property insured under any other policy? If so give full particulars

DECLARATION

I/We warrant the truth of answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Name: Signature:

SIGN HERE

Date: