

|                     |                        |                                   |                     |
|---------------------|------------------------|-----------------------------------|---------------------|
| TAKNR<br>BRANCH NO. | POLISNR.<br>POLICY NO. | SERTIFIKAATNR.<br>CERTIFICATE NO. | EISNR.<br>CLAIM NO. |
|---------------------|------------------------|-----------------------------------|---------------------|

MAG-, PENSIOEN-, SALARIS OF PERSONEELLID NR.  
FORCE, PENSION, SALARY OR PERSONNEL NO.

NAAM VAN GROEPSKEMA  
NAME OF GROUP SCHEME

**1. DIE VERSEKERDE / THE INSURED**

Naam  
Name  Identiteitsnr.  
Identity No.

Adres  
Address

Poskode  
Postal code

Beroep of besigheid  
Occupation or business  Telefoonnr.  
Telephone No. Huis  
Home  Besigheid  
Business

2. Adres waar die verlies of skade plaasgevind het.  
Address at which the loss or damage occurred.

3. Wanneer het die verlies of skade plaasgevind? Datum  
When did the loss or damage occur? Date  Tyd  
Time  h  (bv./eg. 15h30)

4. Beskryf volledig hoe die verlies of skade plaasgevind het.  
Describe fully how the loss or damage occurred.

5. Het u al vantevore skade gely?  Volle beskrywing van vorige eise/verliese  
Have you previously suffered a loss? Full description of previous claims/losses

6. Was die perseel ten tyde van die verlies of skade bewoon?  
Were the premises occupied at the time of the loss or damage?  Indien nie, wanneer was dit laas bewoon  
If not, when was it last occupied

7. Vir watter doel was die perseel ten tyde van die verlies of skade gebruik?  
How were the premises occupied at the time of the loss or damage?

8. Is die verlies of skade by die polisie aangemeld?  Indien nie, hoekom nie?  
Was the loss or damage reported to the police? If not, why not?   
Indien wel, wanneer en waar  S.A. Polisie verwysingsnr.  
If so, when and where S.A. Police reference no.

9. Is u die alleen-eienaar van die eiendom wat verloor of beskadig is?  
Are you the sole owner of the lost or damaged property?   
Indien nie, verskaf volle besonderhede van ander belanghebbendes  
If not, give full particulars of other parties concerned

10. Is daar 'n verband op die eiendom?  Naam van verbandhouer  
Is there a bond on the property? Name of bondholder

11. Wat is u beraming van die waarde van die hele inhoud van die perseel ten tyde van die verlies of skade.  
What is your estimate of the value of the entire contents at the time of the loss or damage?

12. Wat is u raming van die waarde van die gebou(e) ten tyde van die verlies of skade?  
What is your estimate of the value of the building(s) at the time of the loss or damage?

13. Het die gebou(e) 'n rietdak?   
Has the building(s) a thatch roof?

14. Is die eiendom wat verloor of beskadig is kragtens enige ander polis verseker?   
Is the lost or damaged property insured under any other policy?

Indien wel, verstrek volle besonderhede?  
If so, give full particulars?

Ek/Ons waarborg die waarheid van die antwoorde op die bogenoemde vrae en ek/ons verklaar dat geen inligting verswyg is nie en dat die bedrag geëis my/ons verlies wat uit die genoemde gebeure ontstaan het verteenwoordig.

**DIE UITREIKING VAN HIERDIE VORM IS NIE 'N ERKENNING VAN AANSPREEKLIKHEID NIE.  
THE ISSUE OF THIS FORM IS NOT A ADMISSION OF LIABILITY.**

I/We warrant that the truth of the 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.

Geteken te  
Signed at

Op  
On

Handtekening van Versekerde  
Signature of Insured

