



**NON-MOTOR PROPERTY LOSS CLAIM FORM**

2 Hood Avenue, 2<sup>nd</sup> Floor, Suite 11  
Rosebank, 2196  
Tel: 27 11 214 7640 Fax: 086 664 5897  
Email: admin@oums.co.za

ALL APPLICABLE SECTIONS MUST BE COMPLETED

**1. THE INSURED**

Broker		Policy Number	
Full Names			
Occupation			
Tel Number		ID Number	
Address (Physical)		Address (Postal)	

**2. DETAILS OF LOSS/ DAMAGE**

Address at which the loss/ damage occurred			
When did the loss/ damage occur?	Date:		Time
Describe fully how the loss/ damage occurred.			
Have you previously suffered a loss? If so, please give details.			
Were the premises occupied at the time of the loss/ damage? If not, when was it last occupied?			
How were the premises occupied at the time of the loss/ damage?			
Were there any witnesses to the loss/ damage? If so, provide details:			
Did you report the loss/ damage to the police? If not, why not? If so, when and where?			
SAPS Reference No:			

**3. THE PROPERTY DETAILS**

Are you the sole owner of the lost/ damaged property? If not, give full details of other parties concerned.
Is there a bond on the property? If so, name of bondholder.
Estimated value of the entire contents at the time of loss/ damage:
Estimated value of the building(s) at the time of the loss/ damage:
Is the building(s) under thatch roof?
Is the lost/ damaged property insured under any other policy? If so, provide details:
Was the damaged property repaired/ replaced? If so, give details of person who gave authorisation:
Are there any security features to the property? If so, provide details:



NON-MOTOR PROPERTY LOSS CLAIM FORM

2 Hood Avenue, 2<sup>nd</sup> Floor, Suite 11  
Rosebank, 2196  
Tel: 27 11 214 7640 Fax: 086 664 5897  
Email: admin@oums.co.za

INVENTORY LIST OF DAMAGED/ STOLEN ITEMS

Table with 4 columns and 25 rows for listing damaged or stolen items.

I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim and I undertake to render to the company any assistance in my power in dealing with the matter.

Signature..... Capacity..... Date.....

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY