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GENERAL LOSS CLAIM FORM

The issue of this claim form is not to be taken as an admission of liability.
 Please read the conditions of carriage on the reverse of the quotation / inventory form before submitting the claim.

1. NAME OF INSURED: _____

2. BUSINESS ADDRESS: _____

FULL ADDRESS AT WHICH DAMAGED GOODS MAY BE VIEWED: _____

TEL (Home) _____ TEL (Work) _____ CELL: _____

3. CERTIFICATE NO: _____ (OFFICE WILL INSERT)

DATE & PLACE OF PAYMENT OF PREMIUM: _____

SUM INSURED: _____

IS THERE ANY OTHER INSURANCE COVERING THE PROPERTY LOSS ? YES / NO

WAS AN ADDITIONAL PREMIUM PAID IN RESPECT OF MECHANICAL AND ELECTRICAL

DERANGEMENT ? YES / NO

4. DATE OF DESPATCH: _____ FROM: _____

DATE OF DELIVERY: _____ TO: _____

WERE THE GOODS STORED AT ANY TIME: YES/NO PERIOD: FROM _____ TO _____

BY WHOM WERE GOODS (1) PACKED: BIDDULPHS REMOVALS / YOURSELF

BY WHOM WERE GOODS (2) UNPACKED: BIDDULPHS REMOVALS / YOURSELF

I / WE SOLEMNLY DECLARE THAT I/WE HAVE SUFFERED LOSS OF OR DAMAGE TO THE PROPERTY ENUMERATED ON THE REVERSE HEREOF WHICH OCCURRED SOLELY AS A RESULT OF THE OPERATION OF A PERIL INSURED BY THE ABOVE POLICY.

 DATE

 SIGNATURE

NB: PLEASE COMPLETE THE NEXT PAGE IN DETAIL

