

**INSURED**

Insured name		Policy number	
Contact number		Email address	

**INCIDENT DETAILS**

Date of loss		Time of loss	
Place where incident occurred		When discovered	
Premises occupied			
Describe fully how loss/damage occurred, stating how (if applicable) entry was gained to premises			
Incident caused by another party			
Previously suffered loss or damage			
If insured, give details			
Reported to police			

**PROPERTY DETAILS**

Has any other party interest in the insured property	
--	--

**STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED**

Claims in respect of damage to buildings must be accompanied by a builders estimate.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risk proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Number	Description of property	Date acquired	From who acquired	Value	Deduction for wear and tear or depreciation or value of salvage	Amount claimed

**DECLARATION**

I/we hereby provide Alpha Insure (Pty) Ltd or the insurer with the necessary permission and consent to obtain and extract, by any means necessary, any and all information pertaining to the motor vehicle in question in order to validate the damages/theft and claim in this regard.

I/we hereby acknowledge that Alpha Insure (Pty) Ltd or the insurer may make an enquiry, where applicable, to any relevant authority or institution, (including, but not limited to) the South Africa Revenue Services (SARS), South African Police Services (SAPS), South African Insurance Crime Bureau (SAICB), any registered financial, insurance or banking institutions, or any of their authorised representatives, to obtain, confirm or validate any information, related information or details as being reported on or related to any information contained in this claim form.

I/we hereby waive my/our right to privacy with regard to underwriting or claims information (including credit information) that I/we provide or that is provided by another person on my/our behalf in respect of any insurance policy or claim made or lodged by me/us. I further consent to such information being disclosed by me, or any person I represent in terms of this insurance policy, to any other insurance company or its agent.

We hereby declare the afore going particulars to be true in every respect.

_____	_____	_____	_____
Full Name	Capacity	Date	Signature
_____	_____	_____	_____
Full Name	Capacity	Date	Signature

It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand. Any personal injuries noted must be reported separately to the applicable accidents fund (i.e. Road Accident Fund) without delay.