

PROPERTY LOSS / DAMAGE CLAIM FORM

Minet Namibia Insurance Brokers (Pty) Ltd
Risk Consultants and Insurance Brokers

| | | |
|--------------------------|--|--|
| INSURER | | |
| BROKER | | |
| POLICY NUMBER | | |
| INSURED | Name and Occupation | |
| | Address and Tel. No. | |
| LOSS / DAMAGE OCCURRENCE | Date and Time of Loss / Damage | |
| | When was the Loss / Damage discovered? | |
| PLACE OF LOSS / DAMAGE | Place where Loss / Damage occurred. | |
| | Were premises occupied? | |
| | By whom? | |
| | If not occupied when last occupied? | |
| | Purpose of occupation | |
| CAUSE OF LOSS / DAMAGE | Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to premises. | |
| | If Loss / Damage caused by another party give name and address. | |
| PREVIOUS LOSS / DAMAGE | Have you previously suffered a Loss / Damage? | |
| | If so, give details. | |
| | If insured, provide name of insurer. | |
| POLICE | Police Ref. No. and Station and date reported. | |
| OTHER INTERESTS | Has any other party an interest in the insured property, e.g. Credit Agreement? | |
| | If so, give name and interest. | |
| OTHER INSURANCE | Is there any other insurance covering this Loss / Damage? | |
| | If so, give name of insurer. | |
| VALUE | Estimated total value of all the property insured under the policy. | |
| | When last valued? | |

DECLARATION:

I / We solemnly declare that I / we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstances described above.

Insured's

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

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STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

NB: CLAIMS IN RESPECT OF DAMAGE TO BUILDINGS MUST BE ACCOMPANIED BY A BUILDER'S ESTIMATE.

| NUMBER | DESCRIPTION OF PROPERTY | DATE ACQUIRED | FROM WHOM PURCHASED OR ACQUIRED | VALUE | DEDUCTION FOR WEAR AND TEAR OR DEPRECIATION OR VALUE OF SALVAGE | AMOUNT CLAIMED |
|--------|-------------------------|---------------|---------------------------------|-------|---|----------------|
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