

Please print in block letters using black or blue ink.

Old Mutual Short-Term Insurance Company (Namibia) Limited

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DETAILS OF AGENT/BROKER

 Policy no.

 Claim no.
DETAILS OF INSURED

Name	<input type="text"/>		
Surname	<input type="text"/>		
VAT registration no.	<input type="text"/>	Business or occupation	<input type="text"/>
Address	<input type="text"/>		
Telephone number	<input type="text"/>		

DESCRIPTION OF LOSS/DAMAGE

 Date of loss/damage

 Time of loss/damage

 Date when of loss/damage was discovered?

 Address where
loss/damage
occurred

Was the premises occupied?

 YES NO

 If "YES", by whom.

 If not occupied, when last occupied?

 Purpose of occupation

Describe fully how the Loss or Damage occurred. (If applicable state how entry was gained to premises).

Was the burglar alarm activated?

 YES NO

If loss/Damage caused by another party, give name and address.

 Name

 Address

Have you previously suffered by a loss/damage?

 YES NO

If "YES", please provide details.

 If insured, provide name of insurer

POLICE

Policy station

OTHER INSURANCES

Has any other party an interest in the insured property, e.g. Hire Purchase or other Credit Agreement?

YES | NO

If "YES", please provide name and interest.

Name _____ Interest _____ % _____

Is there any other insurance covering this loss/damage?

YES NO

If "YES", provide name of insurer

Estimated total value of all property insured under the Policy N\$

When last valued? **D D M M Y Y Y Y**

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

Date P P M M Y Y Y Y

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED

N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.