

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

Surname

VAT registration no. Business or occupation

Address

Telephone number

DESCRIPTION OF ACCIDENT

Date Place where accident occurred

State exactly how the accident occurred.

WITNESSES

Name

Address

Telephone

Name

Address

Telephone

POLICE

If reported to police, please state:

Policy station Reference no.

DETAILS OF PROPERTY DAMAGE

Name of owner

Address of owner

Description of damage

DETAILS OF PERSONAL INJURIES

Name of injured person Age of injured person

Address of injured person

Details of injuries

If person named above is in your service, or your tenant, or related to you, give full details.

Relationship

DETAILS OF CLAIM

If claim made against you give details and attach any correspondence.

DECLARATION

I/We declare that the above particulars are true in every respect.

Insured's signature

Capacity

Date

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