LIFESTYLE AND OUTDOOR CLAIM FORM

Policy Number	

Must be completed and signed by the insured. Please complete all sections in block letters.

Type of claim

Accident on a National Road ◯	Storm / Hail damage ◯	Malicious damage ◯	Pothole ◯
Accident involving a Third Party ◯	Theft of Contents ◯	Window / Glass ◯	Fire ◯
Accident at Home /Resort /Other ◯	Theft of Vehicle ◯	Other (Specify) ◯	

Personal details insured

Title		First Names		Surname	
ID Number					
Email		Cell No			
Tell No.		Home			
Street Address					
Postal Address					
Drivers Licence No		Expiry Date		Code	

Sherpa Caravan details

Reg. No. VIN No. Make	
Model Year Retail	
Value Total (R)	
Loss / Damage (R)	

Repairer

Name of Repairer	
Contact Person	
Telephone	
Email	
Quotation No.	

(Please attach quotation to this claim form)

Details of accident loss/ damage

Place where event occurred	
Date of event	
Time (am/pm)	
Weather conditions	

Police report

SAPS Reference number	
Date reported	
Police station	

(Please attach quotation to this claim form)

LIFESTYLE AND OUTDOOR CLAIM FORM

Previous claims

Date of Loss		Insurance Company	
Description of Loss		Amount Claimed (R)	

Third party details

Title		First Names		Surname	
ID Number					
Contact details		Email			
Physical Address					
Vehicle Registration Number		Make and model			

Description of loss/accident

List of lost items

	Item	Amount

Declaration

I/We the undersigned hereby declare that I/We have completed this Claim Form to the best of My/Our knowledge and ability and that I/We are familiar with the contents hereof. I/we furthermore confirm that I/we have signed the Declaration of my/our own free will and regards it as binding. I/We acknowledge the sharing of information by Insurers is essential to underwrite policies, access risks fairly and reduce fraudulent claims. I/We accordingly consent to any claims information supplied by me on my/our behalf being disclosed to any Insurance Company.

Dated ..... / ..... /20 .....

Name: .....

Signature: .....

eMail to kerryh@natsure.co.za