# Lifestyle and Outdoor Claim Form

natsure

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
- ○ Accident involving a Third Party
- ○ Accident at Home / Resort / Other
- ○ Fire
- ○ Storm / Hail damage
- ○ Theft of Contents
- ○ Theft of Vehicle
- ○ Other (specify below)
- ○ Malicious damage
- ○ Window / Glass
- ○ Pothole

Other (specify)

## Personal details of insured

Title | First names | Surname

ID number

Email | Cell no.

Tel no. (home)

Street address

Postal address

Drivers licence no. | Expiry date | Postal code

## Leisure vehicle details

Reg. no. | VIN no.

Make | Model

Year | Retail value total

Loss / damage | R

## Repairer

| | | | |
|---|---|---|---|
| Name of repairer | | | |
| Contact person | | | |
| Telephone | | Email | |
| Quotation no. | | | |

*(Please attach quotation to this claim form)*

## Details of accident, loss or damage

| | | | |
|---|---|---|---|
| Place where event occurred | | | |
| Date of event | | Time | |
| Time of day | ○ AM ○ PM | | |
| Weather conditions | | | |

## Police report

| | |
|---|---|
| SAPS reference number | |
| Date reported | |
| Police station | |

## Previous claims

| Date of loss | Insurance company | Description of loss | Amount claimed |
|---|---|---|---|
| | | | R |
| | | | R |
| | | | R |

## Third party details

| Title | First names | Surname |
|---|---|---|
| | | |

| | | | |
|---|---|---|---|
| ID number | | | |
| Contact details | | Email | |
| Physical address | | | |
| Vehicle registration no. | | Make and model | |

## Description of loss / accident

Describe how the loss or accident occurred

List of lost items

| Item | Amount |
|---|---|
| | R |
| | R |
| | R |
| | R |
| | R |

## 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 regard it as binding. I / We acknowledge the sharing of information by Insurers is essential to underwrite policies, assess risks fairly and reduce fraudulent claims. I / We accordingly consent to any claims information supplied by me / us or on my / our behalf being disclosed to any Insurance Company.

| | | | |
|---|---|---|---|
| Name | | | |
| Signature | | Date | |

*Email to kerryh@natsure.co.za*