



Claim Form

Non-motor claims under R20 000

Authorised Financial Services Provider No. 7090

135 General Hertzog Street, Three Rivers, Vereeniging, Gauteng 1939

Please Complete this form in Full and send to your Broker or to the Claims Handler

The Information that is sought herein is not intended to be an exhaustive list and Uma Underwriters reserves the right to request any further information deemed appropriate while investigating the claim.

THE FOLLOWING DOCUMENTS SHOULD BE PROVIDED FOR THIS CLAIM: SIGNED CLAIM FORM, Quotaions in respect of items claimed.

Insured	Broker/Agent			
	Claim Number			
	Policy number			
	Identification number			
	Insured/Policy Holder			
	Home address			
	Contact Numbers	Business		Home
	Cell			
Loss details	Date and time of loss/damage			
	Place where loss/Damage occurred if different from above			
	Details of how loss/damage occurred			
	Have you previously suffered loss/damage?			
	Police station and ref no.			
	Is there any other insurance covering this loss/damage?			

Details of property lost, stolen or damaged		
Description of propoerty	Value	Amount Claimed

Please supply a Quotation in respect of items claimed

I/we solemnly declare that i/we have suffered loss of or damage to the property enumerated 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