

**Hollard Insurance Company of Namibia Ltd**

PO Box 5077, Ausspannplatz, Windhoek. Tel: (061) 371300, Fax: (061) 371349

PO Box 1016, Otjiwarongo. Tel: (067) 304540, Fax: (067) 304401

PO Box 642, Mariental. Tel: (063) 243388, Fax: (063) 243389

PO Box 3477, Walvisbay. Tel: (064) 206211, Fax: (064) 206379

GENERAL CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name		Policy Number	
Occupation		Contact Number	
Insured Address			
Agent Name		Agent Reference	

DETAIL OF LOSS OR DAMAGE

Loss / Damage : Date		Time		When was the Loss / Damage discovered?	
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Address where Loss / Damage occurred

Were premises occupied?	YES	NO	If YES, by whom	
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Purpose of Occupation If NO, when was it last occupied?

Describe fully how the loss or Damage occurred.

If applicable, state how entry was gained to premises.

Was burglar alarm activated?

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

Have you previously suffered a Loss / Damage?

If YES, give detail of Loss / Damage and Insurer Name

Police Station to which reported		Police Reference No		Date on which reported	
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Has any other party an interest in the insured property, e.g. Hire purchase or other Credit Agreement?

If YES, give name and interest

Is there any other insurance covering this Loss / Damage?

If YES, give name of Insurer and Policy Number

Estimated total value of all property insured under this policy		When was it last valued?	
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DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

SIGNATURE OF CLAIMANT

Date

This form should be completed fully without delay and forwarded to the Company at one of the above addresses or your broker / agent. The issue of this form does not imply an admission of liability.

DETAIL OF PROPERTY LOST, STOLEN OR DAMAGED	
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Note: Claims in respect of damage to buildings must be accompanied by a builder's estimate.

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