PROPERTY LOSS / DAMAGED CLAIM FORM

Please email to claims@adirect.co.za

Policy Number	

Important notes to read before completing this form

1. ADirect Financial does not admit nor accept liability by issuing of this form.
2. In terms of our contractual obligations with Insurers, assessors may be appointed to assist in quantifying losses and verifying the circumstances.

INSURED DETAILS

Name:													
Surname:													
ID No:													
Risk Address:													
Contact Numbers:													
Email Address:													

INCIDENT DETAILS

Date & Time of Loss:	
Date Discovered:	
Incident Address:	
Were Premises occupied, by whom?	
Description of incident:	

SAP DETAILS

Police Station:		**Case No:**	

I declare all the above to be true and correct. I undertake to forward any correspondence relating to this incident.

Policyholder Signature:		**Date:**	

NB: Please attach quantum documentation and list of items lost or stolen