

# HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

Phone: 031 309 9180 Fax: 086 673 6783 Cellphone: 083 661 7077 Email: helen@helenking.co.za

Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

## **NON MOTOR CLAIMS UNDER R5,000-00 CLAIM FORM**

### **Insurer**

Insurer:	
Policy Number:	

### **Insured**

Name:	
Identity Number:	
Business or Occupation:	
VAT Number:	
Physical Address:	
Postal Address:	
Contact Number:	

### **Details of Loss / Damage**

Date:		Time:	
Place where loss or damage occurred:			
Details of how loss or damage occurred:			
Have you previously suffered any losses or damages:	YES		NO
If YES, please provide details:			
Police Station:			
Police Reference Number:			
Date Reported:			
Is there any other insurance covering this loss or damage:	YES		NO
If YES, please provide details:			

### **Details of Property Lost / Damaged**

Description:	Value:	Amount Claimed:

**PLEASE SUPPLY A QUOTATION IN RESPECT OF ITEMS CLAIMED.**

Insurers share information with each other regarding policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on or attached to the policy schedule for more details in this regard.

**Payment Method**

Please specify the name of the bank, branch, name of account and account number into which any claim proceeds should be paid.

Name of Bank:		Account Name:	
Type of Account:		Account Number:	
Branch Code:			

NOTE: WHERE BANK ACCOUNT DETAILS DIFFER FROM BANK DETAILS THAT PREMIUMS ARE DEBITED FROM, PROOF OF BANK DETAILS WILL NEED TO BE MADE AVAILABLE.

**Declaration**

I/ We solemnly declare that these particulars are true, correct, and complete in every respect.

<b>Full Name:</b>		<b>Capacity:</b>	
<b>Identity Number:</b>		<b>VAT Number:</b>	
<b>Company Registration Number:</b>		<b>Date:</b>	
<b>Signature:</b>			