



FIDELITY CLAIM FORM

INSURED

Name of Insured:		
Policy No:	Occupation/Business:	
Vat No:	Business Ph No:	Cell No:
Physical Address: Code	Postal Address: Code	

CLAIM DETAILS

Address at which the loss occurred Code
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When did the loss occur?:

Date: / /

Time: h

Describe fully how the Loss or Damage occurred:

Have you previously suffered a loss?

Yes

No

Full description of Previous / Current losses:
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POLICE DETAILSPolice Station: Police Reference No: Date Report: **POLICY HOLDER BANK DETAILS (For claim settlement)**Name of Bank: Account Holder: Bank Code: Account No: Type of Account: Signature of Account Holder: Date: / / **DECLARATION**

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Insured: Capacity: Date: / / Signed at: