



ELITE

WEALTH ASSETS INSURANCE

PROPERTY
CLAIM FORM • 2026

ALL PRODUCTS ARE UNDERWRITTEN BY OLD MUTUAL INSURE.
OLD MUTUAL INSURE LIMITED, REGISTRATION NUMBER 1970/006619/06. A LICENSED FSP AND NON-LIFE INSURER.

ELITE

WEALTH ASSETS INSURANCE

PROPERTY CLAIM FORM • 2026

Policy number:		Claim number:	
Broker / agent:	Broker / agent:		

1. INSURED

Name:	
Occupation:	
VAT Registration:	
Contact No.:	
Address:	

2. LOSS

Date of loss/damage:	
Time of loss/damage:	
When was loss or damage discovered?	

3. ADDRESS

Address where loss/damage occurred:				
Where the premises occupied?	Yes		No	
If Yes, by whom?				
If No, when last occupied?				
Purpose of occupation:				

4. CAUSE OF LOSS OR DAMAGE

Describe fully how the loss or damage occurred:				
How was entry gained into the premises? (if applicable)				
Was alarm activated? (if applicable)	Yes		No	
If loss or damage was caused by another party, please give name and address:				



PROPERTY ACCIDENT CLAIM FORM • 2026

5. PREVIOUS LOSSES

Have you previously suffered loss or damage?	Yes		No	
If Yes, please give details:				
If you were insured, please give name of insurer:				

6. POLICE (IF CRIME WAS INVOLVED OR SUSPECTED)

Police ref. number:	
Police station:	
Date reported:	

7. OTHER INTEREST

Does any other party have an interest in the insured property?	Yes		No	
If Yes, give name:				
If Yes, give interest:				

8. OTHER INSURANCE

Is there any other insurance covering this loss or damage?	Yes		No	
If Yes, please give name of insurer:				

9. DECLARATION

I/We solemnly declare that I/we have suffered loss of or damage to the property listed below and that the property was in my/our possession immediately before the loss or damage, which occurred in the circumstances described above.	
Date:	
Insured's signature:	





STATEMENT OF PROPERTY LOST, STOLEN, OR DAMAGED

[illegible]

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