



**NICO
General**

associated with Sanlam group

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FIRE CLAIM FORM

All questions must be answered fully - dashes or ticks are not acceptable

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1. NAME OF INSURED:
2. ADDRESS :Tel. No.:
3. POLICY NO:

<p>4. STATE:</p> <p>(A) Address of premises where damage occurred</p> <p>(B) State as fully as possible how the loss occurred</p> <p>(C) Date and Time of damage</p> <p>(D) Were the premises unoccupied if so for how long?</p> <p>(E) In case of impact name and address of Third Party</p>	<p>(A)</p> <p>.....</p> <p>(B)</p> <p>.....</p> <p>(C)</p> <p>(D).....</p> <p>(E)</p> <p>.....</p>
<p>5. (A) Are you the sole owner of the property?</p> <p>(B) If not give name of other interested parties</p>	<p>(A)</p> <p>(B)</p>
<p>6. Are there any other insurances in force in respect of the property mentioned on this form?</p>	<p>.....</p>
<p>7. Particulars of any previous claims for fire explosion riot storm impact.</p>	<p>.....</p>

(The reverse side of this form must also be completed)
I/We hereby declare that the above details are in all respect true.

.....
Date

.....
Signature