

Please print in block letters using black or blue ink.

Old Mutual Short-Term Insurance Company (Namibia) Limited

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DETAILS OF AGENT/BROKER

Policy no.

Claim no.

DETAILS OF INSURED

Name

Surname

VAT registration no.

Business or occupation

Address

Telephone number

DESCRIPTION OF LOSS/DAMAGE

Date of loss/damage

Time of loss/damage

Date when of loss/damage was discovered?

Address where loss/damage occurred

Was the premises occupied? YES NO

If "YES", by whom.

If not occupied, when last occupied?

Purpose of occupation

Describe fully how the Loss or Damage occurred. (If applicable state how entry was gained to premises).

Was the burglar alarm activated? YES NO

If loss/Damage caused by another party, give name and address.

Name

Address

Have you previously suffered by a loss/damage? YES NO

If "YES", please provide details.

If insured, provide name of insurer

[illegible]

If "YES", please provide name and interest.

Is there any other insurance covering this loss/damage?	YES	NO
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Estimated total value of all property insured under the Policy	N\$
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When last valued?

D	D	M	M	Y	Y	Y	Y
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Insured's signature

Capacity		Date	D	D	M	M	Y	Y	Y	Y
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