

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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