

## HAIL CLAIM

Broker/Agent: \_\_\_\_\_ Policy number: \_\_\_\_\_ VAT reg. number: \_\_\_\_\_

<b>Insured</b>	Name and surname/company name: _____
	Daytime contact no.: _____
	Contact cellular phone no.: _____
	Contact email address: _____
<b>Date of loss</b>	When did the loss/damage occur? _____
<b>Incident location</b>	Address where loss/damage occurred: _____
<b>Items claimed for</b>	_____
<b>In case of Vehicle</b>	Vehicle make and registration no.: _____
	Model and year: _____
<b>Damage</b>	Full description of loss/damage to items: _____
	_____
	_____
<b>Other insurance</b>	Is there any other insurance covering the loss? _____
	If Yes, please give the name of the insurer: _____
<b>Premium payment</b>	Confirmation of premium payment attached? _____
<b>Excess</b>	Excess value: _____ R
<b>Assessor/ Loss Adjuster</b>	Was a specialist appointed? _____
	If Yes, provide details (company name and contact no.): _____
	_____
<b>Estimated damage</b>	Estimated value of loss/damage to items: _____ R

### Declaration

By signing this claim form, I have acquired the insured's consent to Hollard to obtain or share information and or any documentation concerning this claim from any person or institution including, but not limited to, any medical institution, financial institution, long term insurer, and or any other institution in order to investigate and assess the claim.

I have informed the claimant that any false or misleading statements containing inaccurate or incorrect information which would result in a claim being submitted in a fraudulent manner, gives Hollard Insurance the right to institute charges against the person making such fraudulent declaration and could result in the policy being cancelled and premiums forfeited.

Broker/Agent's signature: \_\_\_\_\_ Capacity: \_\_\_\_\_  
 Full name and surname: \_\_\_\_\_ Date: \_\_\_\_\_

### Protection of private information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.