

**FAST TRACK CLAIM FORM**

INSURED (Client) : ..... POLICY NUMBER: .....  
 TELEPHONE: ..... CELL NUMBER: .....  
 RISK ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DESCRIBE FULLY HOW & WHERE THE DAMAGE / LOSS OCCURED:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**DATE OF DAMAGE / LOSS:** .....

**POLICE STATION:** .....

**1. SAP REF. NO. REQUIRED WHERE THEFT IS INVOLVED // REF. NO:**  
 .....

**2. ITC – BLACKLISTING NUMBER NEEDED FOR CELL PHONE CLAIMS**  
 .....

**3. ITEMS STOLEN FROM VEHICLES – PLEASE STATE EXACTLY WHERE ITEMS WERE LEFT IN THE VEHICLE PRIOR TO THE THEFT**  
 .....

**ITEMS CLAIMED**

DESCRIPTION	AMOUNT

Ek/Ons verklaar plegtig dat ek/ ons verlies/skade aan bogenoemde eiendom gely het en genoemde eiendom onmiddelik voor die verlies/skade in my / ons besit was en dat die verlies/skade plaasgevind het as gevolg van die omstandighede hiebo uiteen gesit.

I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated above and that the said property was in my/our possession immediately prior to the said loss/damage, which occurred in the circumstances described above.

Versekerde se handtekening  
 Insured's signature.....

Datum  
 Date.....