Tel: 031 336 9400 | Email: info@wwib.co.za | wwib.co.za

Type of Loss

Fire		Combined		Burglary	
House Holder's		House Owner's		All Risk	

Client Details

Name	
I.D. Number	
Contact Number	
Identification number /Reg No.	

Circumstance of Loss

Address of premises at which the incident occurred.			
By whom was it discovered?			
Date of incident:		Date discovered:	
Date it was reported to the Police / Fire Brigade?		Station Reported:	
Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises.			

Was the loss or damage caused by another party? If yes, please state their details below.			
Yes	☐	No	☐
Name			
Contact number			
Address			

Were the premises inhabited at the time of the theft / loss / fire / damage?	
If not, when were they last occupied	
Please explain how the premises were occupied at the time of the theft / loss / fire / damage.	
Do you suspect anyone of the theft or loss?	
Are you the sole owner of the property which is the subject of this claim? If no, please provide the details below.	
Name	
Contact Number	

Declarations

I / we hereby declare that the foregoing particulars are correct in every respect			
Signature of insured		Date	