

ANNEXURE B

**ETHEKWINI MUNICIPALITY
GENERAL INSURANCE
FUND
P.O BOX 828
DURBAN**

CONFIDENTIAL

FOR OFFICE USE ONLY

CLAIM No.
INSURED VALUE:
PREVIOUS CLAIMS:

REFER TO:

(THE FUND DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.)
(TO BE COMPLETED IN DUPLICATE BY INSURED.)

INSURED CLAIM : HOUSEOWNER'S COMPREHENSIVE

1. Project Number :House Number :.....
2. Owner Full Name :
I.D Number :
3. Address :
Tel (H) : ()Tel (B) : ()
4. Full Details of Damage :
.....
.....
5. Cause of Damage :
.....
6. Date of Damage :
7. If Damage was caused by the Third Party, provide contact details
Name :

Address :

Vehicle Registration Number :

Witness Name , Address and contact details :
]

To which Police Station was the matter reported?

Police reference :

I. THE UNDERSIGNED DO HEREBY DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE AND HEREBY GRANT AUTHORITY FOR THE INSPECTION OR UPLIFTMENT OF THE PLANS FOR MY PROPERTY IF REQUIRED.

.....
Date

.....
Signature

Print Name :

.....
Insurance /Ins Claim