

## General Loss Claim Form



Lesotho National Insurance Company (Pty.) Ltd.

Policy No. :

Claim No.:

Please answer all questions as fully as possible.

Name of Insured:	
Postal Address:	
Occupation:	
Telephone number (home):	
Telephone number (business):	
1. Time and date of loss or discovery of loss.	
2. When was the property last seen?	
3. Situation at which the loss occurred.	
4. For what purpose were the premises used at time of loss?	
4. For what purpose were the premises used at time of loss?	
5. Cause of loss.	
6. State fully the circumstances under which the loss arose.	
7. Give the date that the police were informed of the loss or damage and the name of the police station.	

**Please answer all questions as fully as possible.**

8. If loss was due to negligence of another party, please give name and address:	
9. Has any other party an interest in the property? If so, give name (If a building is damaged, state name of mortgagee)	
10. Is there any other insurance covering the property lost? If so, give name of insurance company.	
12. Have you or any member of your family ever suffered loss or damage by fire, burglary or any other cause? If so, please give full details together with the name of any insurance company who dealt with the loss.	

I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss, which occurred solely as a result of the operation of a peril insured by the above policy.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**



