



CLAIM FORM
**(THE ACCEPTANCE OF THIS FORM IS NOT IN ITSELF AN
ADMISSION OF LIABILITY)**

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www.consort.co.za

Broker / Agent Information

Broker Name : _____
Branch : _____
Consort Agency Number : _____
Broker Contact Person : _____

Insured Information

Proposer's name : _____
Postal Address : _____

Contact name : _____
Telephone Number : _____
Fax Number : _____
Cell phone Number : _____
E – Mail Address : _____

Insurance

Insurance company : Lombard Insurance Company Limited
Policy number : _____
Policy Holder : _____

Have you ever lodged an insurance claim: YES NO

If yes, please provide details : _____

Is there any other insurance policy in force covering this loss / damage?
YES NO

If yes, please provide details : _____

Have you informed the police? YES NO

If yes : _____

What station : _____

Case number : _____

With what result:

What other steps have you taken to effect a recovery?

*Wherever possible, please submit a detailed estimate of the repair / replacement costs.

Disclosure

We hereby declare that the above statements made by us are, to the best of our knowledge and belief, complete and true. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence.

Signature: _____

Date: _____