OLEA
INSURANCE SOLUTIONS AFRICA

HAIL CLAIM

Broker/Agent: _____ Policy number: _____ VAT reg. number: _____

Insured	Name and surname/company name:	
	Daytime contact no.:	
	Contact cellular phone no.:	
	Contact email address:	
Date of loss	When did the loss/damage occur?	
Incident location	Address where loss/damage occurred:	
Items claimed for		Please select
In case of Vehicle	Vehicle make and registration no.:	
	Model and year:	
Damage	Full description of loss/damage to items:	
Other insurance	Is there any other insurance covering the loss?	Yes
	If Yes, please give the name of the insurer:	
Premium payment	Confirmation of premium payment attached?	Yes
Excess	Excess value:	R
Assessor/ Loss Adjuster	Was a specialist appointed?	Yes
	If Yes, provide details (company name and contact no.):	
Estimated damage	Estimated value of loss/damage to items:	R

Declaration

By signing this claim form, I have acquired the insured's consent to the Insurer to obtain or share information and or any documentation concerning this claim from any person or institution including, but not limited to, any medical institution, financial institution, long term insurer, and or any other institution in order to investigate and assess the claim.

I have informed the claimant that any false or misleading statements containing inaccurate or incorrect information which would result in a claim being submitted in a fraudulent manner, gives the Insurers the right to institute charges against the person making such fraudulent declaration and could result in the policy being cancelled and premiums forfeited.

Broker/Agent's signature: _____ Capacity: _____

Full name and surname: _____ Date: _____

Protection of private information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution, and we have put reasonable security measures in place to protect it.