

Property Loss Stolen or Damaged claim Form

Policyholder Details

Insurer	Mutual and Federal Risk Financing Ltd						
Insured				Policy Number			
Telephone	Home			Work		Cell	

Broker Details

Broker Name							
Contact	Tel no			Fax		E-mail	

Details of Loss /Damage

Date of Loss			Time of Loss: Please indicate am / pm			
Description of Loss						
Estimated Amount of Loss						

Previous Loss or Damage

Have you previously suffered a Loss/Damage	Yes		No	
If so , give name of interest				

Police

If reported to police, state which station				
Date reported			Ref no	



Your Responsibility

All Risks

1. Property loss claim form.
2. Quotations / Invoices for the claimed items.
3. Should the items be less than 2 years old, Valuation Certificate / Purchase Invoice or Proof of Ownership.
4. SAP case number.

All Risks - Cell Phone

1. Property loss claim form.
2. Black / Grey listing from Service Provider.
3. Quotation for replacement.

Disclaimer

You are responsible for giving us true and complete information relevant to this claim. You hereby confirm that your loss or damage occurred during the period of insurance.

Signed at: _____ Signature: _____

Name and surname of signatory: _____

Designation: _____ Date: _____

Ibiliti Underwriting Managers

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