

# SICOM GENERAL INSURANCE LTD

SIR CELICOURT ANTELME STREET- PORT LOUIS

Business Registration Number: C10094766

☎: (230) 203 8400 – Fax: (230) 203 8502

## NON MOTOR CLAIM FORM

Please answer all questions fully. Ticks and dashes must be avoided. This claim form when completed must be returned to the SICOM General Insurance Ltd without delay.  
**THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.**

|                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>INSURED</b></p> <p>Name ..... Occupation .....</p> <p>Address ..... Tel. No. .... VAT REG. NO. ....</p>                                                                                                                                                                                   |
| <p><b>INSURANCE</b></p> <p>(a) Policy Number ..... (b) Type of Cover ..... (c) Period .....</p>                                                                                                                                                                                                 |
| <p><b>OCCURRENCE</b></p> <p>(a) Date ..... Place ..... Time: .....</p> <p>(b) Items Lost : ..... Year of Purchase: .....</p> <p>.....</p> <p>.....</p> <p>(c) Circumstances .....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(d) Witnesses: .....</p> <p>.....</p> |

**LOSS**

- (a) Details of loss/damage .....  
.....  
.....  
.....
- (b) Estimate of loss/damage Rs .....  
.....
- (c) Supporting documents attached to the claim form .....  
.....
- (d) When was the plant last used? .....
- (e) Was the plant in running order at time of the loss? .....

**MISCELLANEOUS**

- (a) Has the Police Authority and/or Fire brigade been notified of this loss/damage? YES /NO  
If yes, please give details .....  
.....
- (b) Is there any other insurance covering this property? YES/NO  
If yes, please give details .....  
.....
- (c) Has there been any similar loss? YES/NO  
If yes, please give details .....  
.....
- (d) Give details of all other parties having an interest in the property damages/lost  
.....  
.....

**I/We hereby declare the foregoing particulars to be true and correct in every respect and that I/we have not concealed any information. I/We undertake to render the SICOM General Insurance Ltd all possible assistance in dealing with this matter.**

*Date:* .....

.....  
*Insured's Signature*