



NEW CLAIMS NOTIFICATION FORM

HOME OWNERS

Claim no: _____	Date: _____
Policy no: _____	Policy Holder: _____
Risk address: _____	Postal Address: _____
_____	_____
_____	_____
Code: _____	Code: _____

Language Preference: _____	Contact Name: _____
Home Tel: _____	Cell. Phone: _____ SMS _____
Work Tel: _____	E-mail address: _____

Date of Loss: _____
Claim Cause / Description:

Sum Insured: _____	Excess: _____
Endorsements: _____	Geyser Maintenance :YES _____ NO _____
Premium Paid : Yes _____ No _____	Type of Policy Applicable _____
Previous Claims (Year & Contingency) _____	

Assessor / Contractor Appointed: _____	
Natsure Claims Negotiator:	
Tel. No: _____	E-mail Address: _____