

INSURANCE CLAIM FORM HOUSEHOLD CONTENTS COVER

TO SUBMIT A CLAIM, QUERY, OR FOLLOW-UP ON A CLAIM, OR TO PROVIDE US WITH ADDITIONAL REQUIRED DOCUMENTATION, YOU CAN CONTACT US IN ANY OF THE FOLLOWING WAYS:

1. CALL THE INSURANCE CALL CENTRE ON **0800 243 675** TOLL FREE,
2. EMAIL US AT **CLAIMS@MONARCHINSURANCE.CO.ZA**, OR
3. VISIT THE NEAREST LEWIS STORES. (Branch to use 'Scan to Email', shortcut number 09, Monarch Claims).

PLEASE COMPLETE THE BELOW SECTIONS IN FULL TO AVOID UNNECESSARY DELAYS IN THE REVIEW OF YOUR CLAIM

DATE: YYYY / MM / DD

POLICY NO.: _____

A. POLICYHOLDER DETAILS

NAME AND SURNAME: _____ I.D. NO.: _____

EMAIL: _____ CONTACT CELL NO: _____

ALTERNATIVE CONTACT NO: _____

RESIDENTIAL ADDRESS: _____

B. DETAILS OF INCIDENT

DATE OF INCIDENT: YYYY / MM / DD

CAUSE OF INCIDENT: (please mark (x) the applicable category)

FIRE	WEATHER / EARTHQUAKE	FLOODING / LEAKS	ACCIDENTAL IMPACT (from falling objects)	MALICIOUS DAMAGE
RIOT	ACCIDENTAL DAMAGE	COMPUTER SOFTWARE	CLEARING-UP COSTS	FIRE BRIGADE CHARGES
KEYS/LOCKS or REMOTES	PERSONAL DOCUMENTS	GARDEN DAMAGE	OTHER	

IF 'OTHER' PLEASE PROVIDE A DESCRIPTION: _____

COMPLETE THE 'LIST OF DAMAGES / LOSS' THAT CAN BE FOUND AT THE END OF THIS FORM (e.g.: goods, appliances, electronic equipment, furniture, or clothes.)

GIVE A BRIEF DESCRIPTION OF HOW THE INCIDENT HAPPENED: _____

NAME OF POLICE STATION
WHERE INCIDENT WAS REPORTED: _____

CASE NO: _____

NAME OF INVESTIGATING OFFICER: _____

TELEPHONE NO: _____

C. PROVIDE THE DETAILS OF INDIVIDUALS WHO WITNESSED THE INCIDENT:	
NAME AND SURNAME	CONTACT NUMBER

D. BANK ACCOUNT DETAILS INTO WHICH POLICY BENEFIT WILL BE PAID			
NAME OF ACCOUNT HOLDER: _____			
BANK NAME: _____		ACCOUNT NO.: _____	
ACCOUNT TYPE: (please mark (x) the applicable type).	SAVINGS	CURRENT	TRANSMISSION

E. DECLARATION BY CLAIMANT
<p>I, the undersigned declare that the information I have given above is true and correct. I realise that any information found to be false herein will invalidate my claim. I consent to Monarch Insurance Company and any other person/s and/or service providers appointed by Monarch Insurance seeking information about this claim from any source it considers appropriate, and I authorise the providing of such information.</p> <p>Should any benefits be payable to me, I, authorise Lewis Stores (Pty) Ltd to pay the benefits into the above account and release Lewis Stores and Monarch Insurance from any responsibility and / or further claims from this policy, if payment is made into an incorrect bank account that I gave.</p> <p>I further acknowledge and understand that the full and final settlement paid into the above account will only be finalised after I have returned a signed and completed claim release form.</p> <p style="text-align: right;">_____ YYYY / MM / DD</p> <p style="text-align: center;">SIGNATURE OF CLAIMANT DATE</p>

F. IF AN EVENT OCCURS THAT MAY RESULT IN A CLAIM YOU MUST PROVIDE US WITH THE FOLLOWING DOCUMENTATION:
<p>The signed and completed claim form must be submitted to Us together with:</p> <ul style="list-style-type: none"> • Obtain the full name, address, and information of any other parties involved, including possible witnesses, • In an event where a crime was committed a criminal case must be opened, for example, malicious damage. • Certified affidavit detailing the circumstances of the loss or damage, • Any other documentation We think is necessary to assess Your claim, such as: <ul style="list-style-type: none"> • Police documents, • Quotations, invoices and/or receipts, • Witness statements, • Proof of ownership and value, if requested by Us • Loss or damage inspection report, • In the event of fire damage, a fire report. • Particulars of any other policy covering the event, • A clear, certified copy of the Policyholder's ID, and • Proof of your bank account into which the claim will be paid which could include one of the following: <ul style="list-style-type: none"> • Bank Statements, stamped by the bank, or • An Account Confirmation Letter from the bank. <p>Please note that the Statement / Letter must not be older than 3 months from the date of when the claim is submitted.</p>

