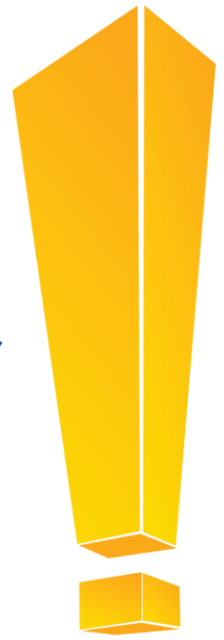


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INSURANCE BROKERS  
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FIRE CLAIM FORM

Fire Claim Form

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name  Policy Number

Insured Address  Contact Number

Agent Name & No  Agent Reference

PARTICULARS OF CLAIM

When did the fire take place? Date  Time   AM  PM

How were the premises occupied at the date of the fire?

Situation of property damaged or destroyed?

What was the cause of the Fire and under what circumstances did it occur?

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Full value of insured property at time of fire.

Does the Policy give a correct description of the Property in all respects as it existed immediately before the Fire?  YES  NO

Is the Claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other interest.  YES  NO

Has there been a previous Fire in these premises, or any other premises in which the Insured was interested?  YES  NO  
If Yes, state full particulars, including the cause of such fire or fires?

Were there at the time of the Fire any existing Insurances, whether effected by the Claimant or by any other person, on the said property with any other Company or Society? If Yes, please state full particulars.  YES  NO

DECLARATION

I/We

now residing at

do hereby declare that the above is full, true and accurate statement, and I/we further declare that the Articles on Page2 being my property and insured under the abovementioned Policy of Policies were accidentally destroyed without any design or procurement on my part, by the aforesaid Fire, according to the extent and value annexed wherefore I claim from HOLLARD INSURANCE COMPANY OF NAMIBIA LIMITED the sum of

N\$  The amount thereof.

WITNESS AT MY HAND THIS  DAY OF  20

SIGNATURE OF CLAIMANT

*This form should be completed fully without delay and forwarded to the Company at one of the above addresses or your broker / agent. The issue of this form does not imply an admission of liability.*

