

Please print in block letters using black or blue ink.

Old Mutual Short-Term Insurance Company (Namibia) Limited

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DETAILS OF AGENT/BROKER

Policy no.

Claim no.

DETAILS OF INSURED

Name

Surname

VAT registration no. Business or occupation

Address

Telephone number

DESCRIPTION OF ACCIDENT

Date Place where accident occurred

State exactly how the accident occurred.

WITNESSES

Name

Address

Telephone

Name

Address

Telephone

POLICE

If reported to police, please state:

Policy station Reference no.

