NON-MOTOR CHECKLIST

Insured _____ **Claim number** _____

Date of loss _____ **Claim** _____

	YES/NO		Comments
Premium checked	◯ YES	NO ◯	
Inception date of cover	◯ YES	NO ◯	
Date of loss after inception date	◯ YES	NO ◯	
Policy details on file	◯ YES	NO ◯	
Risk address on claim corresponds with schedule	◯ YES	NO ◯	
Underwriting notes, endorsements, warranties	◯ YES	NO ◯	
Loss caused by insured peril	◯ YES	NO ◯	
Claim submitted timeously	◯ YES	NO ◯	
Completed claim form	◯ YES	NO ◯	
Loss Adjuster appointed	◯ YES	NO ◯	
Date Loss Adjuster appointed	◯ YES	NO ◯	
Estimate correct	◯ YES	NO ◯	
Invoice received	◯ YES	NO ◯	
Specified items	◯ YES	NO ◯	
Repairs/replacement authorised	◯ YES	NO ◯	
Loss covered	◯ YES	NO ◯	
Excess correct	◯ YES	NO ◯	
SAPS case number	◯ YES	NO ◯	
Salvage money due/received	◯ YES	NO ◯	
Non-disclosure, check proposal	◯ YES	NO ◯	
Previous insurance	◯ YES	NO ◯	
Previous amendments	◯ YES	NO ◯	
Previous claims, NCB	◯ YES	NO ◯	
Dual insurance	◯ YES	NO ◯	
Excess applicable or contribution by Insured	◯ YES	NO ◯	