

## 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	_____