



Change of Household Address

Return To: claims@ambientbrokers.co.za
Phone: 0861 101 883
Fax: 0866 150 863 / 0116 750 996

Policy Details

Insurer:	
Policy Number:	
Policy Name:	
Household House Insured:	
Building Cover – Sum Insurance:	

Insured Details

First Name:	
Surname:	
Home Number:	
Cell Number:	
ID Number:	
Email Address:	

New Physical Address

Street No:	
Street Name:	
Suburb:	
City / Town:	
Postal Code:	

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New Postal Address

P.O. Box:	
City / Town:	
Postal Code:	

Other

Overnight Parking Vehicle (Locked garage/Behind locked carport gates / Access controlled gates in complex / None):	
Where Are You Living:	

Type Of Property

Do You Have Farm / Plot / Small Holding:	
If Other, Please Specify, What Type Of House Do You Have:	

If You Have Farm / Plot / Small Holding:

Is the property situated on a plot, farm or smallholding?	
Please state size?	
Is the small holding/plot/farm cultivated?	
If yes, please provide full details:	
Is there a plantation/forest/dry grass/other agricultural fields within 500m from the main dwelling?	
If yes, please provide full details:	
Are there any commercial activities	

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on the premises? (tuck shop, spaza etc.)	
If yes, please provide full details:	
Other buildings not attached to the main dwelling (outbuildings, second dwelling, lapa's, barns, wendy houses etc.):	
Walls: brick/concrete/wood/asbestos/fibre glass/zink or other:	
Roof: brick/concrete/wood/asbestos/fibre glass/zink or other:	
In whose name is the building registered?	
Which financial institution holds the bond?	
When was the building built?	
In what condition are the buildings?	
How many families live on the premises?	
If more than 1 family, please provide full details of other families relationship to insured:	
Are there any buildings are under construction on the smallholding/plot/farm?	
Is there a supply of feed or hay stored on the smallholding/plot/farm?	
If yes, how much and how far from the buildings?	
What is the distance between the dwelling and the nearest:	
Neighbours:	
Police station:	
Business Centre:	
Fire Brigade:	

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Please provide a full claims history of all losses over the past 3 years:

Type of loss:	
Date/Year of loss:	
Total claims amount:	
Type of loss:	
Date/Year of loss:	
Total claims amount:	
Type of loss:	
Date/Year of loss:	
Total claims amount:	
Has any insurer ever cancelled, declined to accept, refused to renew or imposed any special conditions on any policy held by you, any member of your family normally residing with you or any person nominated to drive your vehicle/s?	
If yes, please provide full details:	

Security Questions

Do you have sliding doors in the house?	
Are the sliding doors fitted with additional locking mechanisms?	
Are all windows protected by burglar bars?	
If flat, town-house, cluster are the passage windows barred?	
Are all external doors protected by security gates?	
If flat, town-house, cluster is the exterior door secured by a gate?	

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Is there electric fencing around the complex if applicable?	
If in a complex / estate are there 24 hr. guards?	
If in a complex / estate is there controlled access?	
Is the area boomed off?	
Is the property occupied during working hours?	
If yes, by whom?	
Do you run a business from home?	
Type of business?	
Details - cash on site / client access / other:	
Is the house / property occupied by anyone other than the insured?	
If so, by whom?	
Relationship to insured?	
Do you have neighbours on all of your borders?	
Are any houses being built in the area?	
Are you aware of any burglaries at this address?	
If yes, details with dates & access gain:	
Cover: full / excluding theft:	
Do you have an alarm installed?	
Is the alarm connected to a 24hr armed response security company?	
If yes, which company?	
Tel no:	
Are ALL doors that opens & ALL windows that open protected by the alarm?	
Do you have a 24h security guard?	
Do you have an electrical gate installed?	

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Do you have electrical fences installed on your property?	
Is it linked to your alarm & alarm company?	
Watch dogs?	
1.8m wall around the property?	
If not, please specify	
Roof construct of main residents?	
Do you have a thatch roof?	
If other, please note it	
Is there a lapa on your premises?	
Wall construct?	
If other, please specify	
Is the residents going to be unoccupied for the next 30 days?	
How far are you situated from beach, lake, dam waterfront or river?	
How many meters above the flood line are you situated? (this can be obtained from your local council & must be completed)	
Is there any additional information, not declared in the abovementioned questions, that can affect your risk profile? If yes, please provide information:	

I/We warrant that the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Insured Signature:

Capacity:

Date:

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