NB: KINDLY SUBMIT THIS FORM FULLY COMPLETED TOGETHER WITH 3 REPAIR/REPLACEMENT ESTIMATES, AND A POLICE REPORT.

CBZ Insurance Company (Private) Limited
5th Floor, North wing, Beverly Court, 100 Nelson Mandela Avenue, Harare
P O Box 3313, Harare
Phone: 799234/5/7/9, 792907, 733450, Fax: 735417
Email: cbzinsurance@cbzz.co.zw

MISCELLANEOUS CLAIM FORM ALL LINES EXCLUDING MOTOR

Name Of Insured: …… Policy No. ……

Address: ……

……

Tel No.: Bus: …… Cell:…… Home: ……

Date Of Loss/Accident: ……

Address Of Premises Where Loss Occurred: ……

……

Nature Of Claim: ……

Give Full Description Of Loss/Accident: ……

……

……

……

In Cases Of Loss Please state Date & time last seen: ……

When was Loss Discovered and by whom: ……

Have Police been Informed (Or Other Enquiries made)?: ……

If Reported to the Police State:
a) To which Station was Report Made: ……

b) Date and Time Of Report: ……

c) Name & address of person who made report: ……

……

In the Event of damage can the article/s be repaired? : ……
(Please attach repairer's estimate/ or repairers report)

I declare all the information hereon to be true and correct to the best of my knowledge and belief.

Name In Full: …… Designation: ……

Signature: …… Date: ……

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT STATE:

Bank Name: …… Branch:…… Acc Name: …… Acc. No. ……