THI INSURANCE (PVT) LTD
SINCE 1938
AGRICULTURAL & GENERAL INSURERS

THI House, 26 Endeavour Crescent
Mt Pleasant, Harare
P.O. Box MP 605, MT Pleasant, Harare

Phone 369913/4
Tellular 0772 134463/4

MOTOR LOSS / THEFT CLAIM FORM

INSURED DETAILS:

Name…….Occupation/Business……

Address ……

Telephone/cell No…….Email……

VEHICLE DETAILS:

Make / Model……. Reg No……..
Body Type……Year of Make……
Engine Number…….. Chassis NO……
Estimate value at the time of loss …….. Mileage ……
Name of Registered owner……
Vehicle color…….. Visible marks……
Date Purchased…….. From whom……..

LOSS DETAILS

Date of loss …… Time…… Place ……
Was the vehicle locked?…… If not state the reasons why……
Name of Drive at the time of loss……D/L number……
Was the loss reported to the police?……if yes Date …… Time……
Police Station……Investigating Officer's name……
Rank…….. Name of person who reported ……
Explain fully how the loss occurred ……
……
……
……
……

DAMAGE TO THE VEHICLE

Details of damage to the vehicle ……
……
……
Where can the vehicle be assessed……
Contact Person…… Phone Number ……..

INSURANCE FRAUD IS A CRIME

Was there any existing damage prior to this loss? **YES / NO**. If yes to what extent……
Do you have any other insurance on this vehicle? **YES / NO**. If yes state Name……
Repairer's name…….. Cost of Repairs ……..

If any vehicle accessories have been stolen list them here please

Description of items stolen (Including insured vehicle if applicable)	**Amount Claimed**

I/We declare the foregoing to be true in every respect and that there is no other information regarding this loss that I withheld from the insurer.

Dated This …….. (Date) day of ……. (Month) ……20…….(Year)

Signature of Insured……

PLEASE PROVIDE AT LEAST THREE ESTIMATES FOR EACH STOLEN ITEM

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