#### ZIMNAT LION INSURANCE COMPANY LIMITED



# Lightning Ctorn

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Claim	Form			

Important Note
Please stale as fully as accurately and as possible the information asked for below.
Acceptance of this form is not an admission of liability by the Company.

#### PLEASE USE BLOCK LETTERS

Policy No.:	
Name of insured:	Occupation:
Address:	
Tel No.:	

#### Please complete in respect of all claims

1	Date of loss:	Time:	Cause:		
2	Where did damage occur?				
3	3 Where can damaged property be inspected?				
4	4 Is damaged property insured with any other office?				
5 Has any other person or company an interest in the damaged property?  Yes No If so whom?:			If so whom?:		
6	6 Please give a full account of circumstances leading up to the damage:				

## Please complete in respect of electrical equipment claims

7	Describe the equipment damaged:				
8	8 (a) How old is the equipment?		(b) When was motor last reconditioned?		
(c) By whom was it reconditioned?					
9	When was it installed?				
10	10 Is the equipment (delete those <b>not</b> applicable). (a) in building?		(b) in the open?	(c) under a shelter?	(d) submersible?
11	11 Are surge arrestors fitted? 📕 Yes 📕 No 🔝 If "Yes" do they		(a) protect the farm generally Yes No		
(b) protect the damaged equipment only Yes No					
12 Was the equipment in use at the time?   Yes No		If not when was it last in use?			

### Instructions for the preparation of your claim

Damage to furniture, clothing and other contents of private houses - All claims must be based uponthe actual value at the time of the damage.

Damage to stock in trade - All claims must be based upon the invoice price of each article less discount allowed less any salvage value.

Building claim - These should be accompanied by builders estimate giving measurements and quantities and prices of the work required to place the building in the same state of repair as before the damage.

## Particulars of claim

No claim on contents of building can be considered unless columns below are completed.

Description of property destroyed or damaged	Date of purchase	Cost of purchase	Deduction for age wear and tear	Value of salvage	Amount claimed
-					\$
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		Totals			\$
	Description of property destroyed or damaged	Description of property destroyed or damaged  Date of purchase			

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I/We declare the above to be correct and true and that I/We have not withheld from the Company any information within my/our knowledge connected with the loss. I/We claim the sum mentioned above to be agreed as the amount due.

Signature of insured:	Date: