ZIMNAT LION INSURANCE COMPANY LIMITED



Motor Vobielo Fire and

1410101	venic	IG-L	.II E	ana
Theft	Claim	For	m	

Important N

Please state as fully and as accurately as possible all information asked for below.

PLEASE USE BLOCK LETTERS

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

Motor Vehicles details

Make:	Model	Year:		
Registration number:	Milage:			
Enginee number:	Colour:	Milage:		
Any other distinguishing marks:				

General information

Date of loss:	Place of occurance:	Time:
If the vehicle was in use state:-		·
Any other distinguishing marks:		
Name and address of driver:		
Age of driver:	Driver license No.:	
Place of issue:	Is the driver in your employ?	Yes No
If so in what capacity:		
Purpose for which vehicle was being used:		
Nature of goods carried, if any:		
Is vehicle is subject to HP? Yes No	Name company:	
Is the property lost or damaged insured with any other co	ompany? Yes No	
Please give a full account of circumstances surrounding la	DSS:	

Fire (In the case of fire please state)

Possible cause of fire:		
Nature of damage caused:		
Name of any witness:		
Address of any witness:		
If the fire occured in a garage, please state	Name of proprietor:	
Address of proprietor:		

Theft (In the case of theft please state) It is essential that the Police be informed

Have the Police been notified?		Yes	No	By whom?
If so state name of Policeman:				Station:
Was the vehicle securely locked?		Yes	■ No	Are the keys still in your possession?
Do you suspect any particular party?		Yes	No. If "Yes" give	e full details:
Has vehicle been recovered?		Yes	No	By whom?
What damage has it sustained?				
Where may vehicle be inspected?				
Have any instructions for repair been given?		Yes	■ No	Name of proposed repairers:
Estimated cost \$:				

ZIMNAT LION INSURANCE COMPANY LIMITED | Zimnat House Corner Nelson Mandela Ave & Third Street, Harare, Zimbabwe | t+263 4707582-6/701179/80/82/83/88/89 | www.zimnat.co.zw

Vehicle accessories Damaged or Stolen

N.B. Items stolen which are not vehicle accessories should be claimed on all risks policy if held

Description of accessories please state make, model and serial number	Where purchased	Date of purchase	Cost price	Deduction for	Amount claimed
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$
		Totals			\$

Statement by insured	Stater	ment by	v insured
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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 k	nowledge connected
with the loss.	

Signature of insured:	Date: