## ZIMNAT LION INSURANCE COMPANY LIMITED



## Theft and All Risks Claim Form

Important Note Please stale as fully as accurately and as Acceptance of this form is not an admiss		
PLEASE USE BLOCK LETTERS		
Policy No.:		
Name of insured:		Occupation:
Address:		
Tel No.:		
General information		
Date of loss:	arod?	Time:
When and by whom was the loss discove When was the loss reported to the Police		Station:
· ·		Station.
Full name of the person reporting to the Have the Police investigated the loss?		Are you the sole owner of the missing or damaged property? Yes No
Are there any other insurances in force u		9 9 9 9 9
Have you ever had a previous loss by the		
Name of insurer:	permomodred: Teo Tre	Address of insurer:
Building (If property was stolen from a I	ouilding please state)	, , , , , , , , , , , , , , , , , , ,
Address of building:		
3		
Was it occupied at time of loss?	No (N.B. Access by dom	nestic workers does not count as occupation)
If unoccupied and a residence, for how m	any days has it been unoccup	oied during the current period of insurance?
How was entry effected?		
What damage was sustained to the build	ing?	
Which rooms were entered?		
Lost, Missing or Damaged (If prope	erty was lost is missing or is da	ımaged please state)
When was the property last in your poss	ession?	
Where is the property kept normally?		
Who apart from the owner has access to	the premises?	
All Cases (please state)		
Who do you suspect, if anyone?		
What value at the time of loss of? (N.B. F	Please answer (a) or (b) depen	ding which is applicable.)
(a) The contents of the premises?	\$	
(b) Clothing, baggage and personal e	fects belonging to you/your fo	amily? \$
(i) worn:	\$	
(ii) with you away from the private dw		
		e information and complete the statement of claim overleaf.

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

## Statement of claim

No claim on contents of buildings can be considered unless columns below are completed. Only the last column need be used for building claims.

Description of article (please state serial numbers or any other identifying marks)	Date and place of purchase	Price paid	Replacement price	Deduction for depreciation	Amount claimed
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	Totals				~

Statement by insured 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:
olgridatare or modred.	Date.