4 Fairman Close, Mt Pleasant, P O Box BE 103, Belvedere Harare
Tel: 0242-785291-4 Email: info@sanctuary.co.zw

FIRE, LIGHTNING, STORM, CLAIM FORM

Acceptance of this form is not an admission of liability by the Company.
Please answer all questions fully to assist in the prompt settlement of your claim.

INSURED **Name:** ---------- **Policy #:**----------

Postal Address: ----------

E-mail address: ----------

Phone # Bus: ---------- **Home:** ---------- **Cell:** ----------

Time and date of damage	
Where did the damage occur?	
How were the premises occupied?	
Give full details of how the damage occurred	
Is the damaged property insured with any other Insurance Office	
Is the claimant the sole owner of the property damaged	
Has there been any previous losses at the Insured premises or in any other premises in which the insured was interested? If so, state full particulars, including the cause, of such losses and name the Insurance Office on risk	
Full Value of the insured property at time of damage.	

I/We declare that the property listed on the other side, belonging to me and insured under the said policy was damaged, stolen or lost and that the amounts severally stated represent the sum of money I am entitled to claim in terms of the policy.

INSURED'S SIGNATURE……DATE……..

STATEMENT OF CLAIM - Please note that all columns must be completed.

Description of article (please state serial no's. or any other identifying marks	Date and Place of purchase	Price Paid	Replacement Price	Deduction for depreciation	Amount claimed
	TOTALS				

DECLARATION:I/We hereby declare that the statements, facts,and documents are true and that I/we have not withheld from the Company any information within my/our knowledge connected with the accident or loss or damage.

Date …… Signature of Insured ……..