Harare
0242 785921/4, 0712400500
info@sanctuary.co.zw

Bulawayo
0292 881848/815, 09880627, 0732400100
byo@sanctuary.co.zw

Gweru
0254 230720, 0732400600
gweru@sanctuary.co.zw

MISCELLANEOUS CLAIM FORM
ALL LINES EXCLUDING MOTOR

NAME OF INSURED……PHONE NUMBER……...

ADDRESS……...EMAIL ADDRESS……

POLICY NUMBER…… ……

ADDRESS OF PREMISES/PLACE WHERE LOSS WAS SUSTAINED……

……..

……..

DATE OF LOSS……

NATURE OF CLAIM……

IN CASES OF LOSS PLEASE GIVE DATE AND TIME LAST SEEN……..

WHEN WAS LOSS DISCOVERED AND BY WHOM……..

HAVE POLICE BEEN INFORMED (OR OTHER ENQUIRIES MADE)?……..

IF REPORTED TO POLICE STATE:

(a) TO WHICH STATION WAS REPORT MADE:……..

(b) DATE & TIME OF REPORT……

(c) NAME & ADDRESS OF PERSON WHO MADE REPORT……

(d) IN THE EVENT OF DAMAGE CAN ARTICLE/S BE REPAIRED?……...

(If so please attach repairer's estimate)

PLEASE GIVE A FULL DESCRIPTION OF THE CIRCUMSTANCES OF LOSS:

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

Description of article (please state serial # 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: | | | **2024**

Signature of Insured: ……..