Meanwood General Insurance Ltd

Stand No. 1070, Fairview

Great East Road, P.O Box 31334, Lusaka

Tel: +260 211 22 22 13

+260 211 22 22 28

Email: insure@meanwoodgeneral.co.zm

ALL RISKS CLAIM FORM

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY TO THE COMPANY

(Please answer all questions to the best of your knowledge)

INSURED DETAILS

Name			
Postal address		Tel No:	
Email address		Fax No:	
Occupation		Policy No:	

DETAILS OF LOSS

1. State if the property has been stolen or damaged:	
2. When was the loss, theft or damage discovered and by who?	
3. State circumstances which made the loss to occur?	
4. When was the property last seen and when?	
5. Do you suspect anyone in case of theft and who in particular?	
6. Name of the sole owner of the property	
7. If the property in question is not specifically Insured but is part of the items on policy, state the present value of all the property covered under the policy.	

8. State the date and name of the Police station you reported to in case of loss or stolen property	
9. State if the property is covered under any other Insurance property and give full details.	
10. Have you previously suffered any fire or theft? If so kindly give full details of the loss and the Insurance Company dealing with the loss.	
11. What is the current market value of the property? States repair estimate in case of damage.	
12. Description of the Property stolen or damaged.	

DECLARATION

I/ we hereby declare that the foregoing particulars are true to the best of My/Our knowledge Signature of Insured…….. Date……. KINDLY NOTIFY THE INSURERS IMMEDIATELY IF ANY CIRCUMSTANCE REGARDING THIS CLAIM CHANGE.