Meanwood General Insurance Ltd

Stand No. 1070, Fairview

Great East Road, P.O Box 31334, Lusaka

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FIRE CLAIM FORM

The issue of this claim form is not to be taken as an admission of liability

INSURED DETAILS

Name			
Address		Tel No.	
Policy No.		Fax No.	

DETAILS OF LOSS

1. Address of premises where Damage occurred	
2. Date and Time of Damage	
3. State fully how the loss occurred	
4. Were the premises unoccupied, if so, how long?	
5. Are you the sole owner of the property? If not give details of interested parties	
6. In case of impact, Name and Address of third party	
7. Are there any other Insurance policies in force in respect of the property mentioned on this form?	
8. Details of any previous claims for Fire, Explosion, Riot, Storm, Impact	

I/We hereby declare that the property described herein was lost/damaged during the course of the journey covered by the policy and I/we further declare the correctness of the information given.

Signature:…… Date:……..

(If limited company, give status of signatory)

(Kindly complete the attached schedule)

STATEMENT OF CLAIM

FULL DESCRIPTION OF PROPERTY DAMAGED	COST PRICES	DATE OBTAINED	PRE LOSS VALUE	VALUE OF SALVAGE	VALUE CLAIMED	REMARKS