

Heritage Insurance Company of Zimbabwe (Pvt) Ltd

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FIRE, LIGHTNING, STORM INSURANCE CLAIM

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The issue of this form is not an admission of liability on the part of the company. To assist in the prompt settlement of your claim it is essential that all questions are answered fully, so that needless correspondence could be avoided.

Full Name of Insured ----- Home No -----

Address of Insured ----- Work No -----

----- Policy No -----

1. Date and time of damage	
2. Where did the damage occur?	
3. Were the premises occupied? If so by who?	
4. Give full details of how the damage occurred	
5. Is the damaged property insured with any other office? If so, please give details.	
6. Are you the sole owner of the property damaged? If no please give details.	
7. Have you previously suffered losses of this nature? If so please give details.	

It is a condition of the Policy that it shall be VOID if any claim be FRAUDULENT, or if any false statement or declaration be made in support of it.

I declare that the PROPERTY LISTED ON THE OTHER SIDE, belonging to me and insured under the said policy was lost, stolen or damaged and that the amounts stated represent the sum I am entitled to claim in terms of the Policy.

DATE _____ 20 _____

Signature of insured: -----

Please print name and designation if signing on behalf of a company

PROPERTY CLAIM FORM

INSTRUCTIONS REGARDING CLAIMS

1 DISCOVERY OF LOSS

In terms of the Policy, the Insured must promptly take all practicable steps for discovering and punishing the guilty party or parties (if any) and for tracing and recovering the property lost.

2 ACCURACY OF STATEMENTS

It is the condition of the Policy that it shall be VOID if any claim be FRAUDULENT, or if any false statement or declaration be made in support of it. It is therefore important that care should be exercised in completing the annexed Statement.

3 PARTICULARS OF LOSS

The circumstances of the Loss should be stated as fully as possible, and any suspicions as to parties implicated should be communicated to the Company

4 AMOUNT CLAIMED

The amount claimed must be dependent upon the value of each article at the time of loss after deduction for past wear and tear.

5 BUSINESS POLICIES

The new wholesale price of goods in respect of which a claim is made must be given or, in the case of manufacturer, the producing price, having regard to the condition at the time of loss.

6 PLEASE COMPLETE BOTH PAGES OF CLAIM FORM AND RETURN TO US WITH COPY OF POLICE REPORT.

STATEMENT OF CLAIM

Number of Articles	DESCRIPTION	When and Where bought	Price Paid	Amount Claimed
TOTAL CLAIMED				