

Botswana

Insurance Company Limited

GABORONE OFFICE
 BIC House,
 Plot 50372, Gaborone Business Park,
 Gaborone Show Grounds,
 P.O. Box 715
GABORONE
BOTSWANA
 TEL: (267) 3600 500
 FAX: (267) 3972 867

FRANCISTOWN OFFICE
 Botswana Insurance House
 454/5 St Patrick Street
 P.O. Box 451
FRANCISTOWN
BOTSWANA
 TEL: (0267) 2413623
 FAX: (0267) 2412291

All Risks Claim Form

PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE

Name of Insured: Private Address: Business Address:	Policy Number Telephone No. (Private) Telephone No. (Business)
1. Has the property been stolen or damaged?	
2. When was the theft, loss or damage discovered and by whom? Please state date and time.	
3. State the circumstances under which the theft, loss or damage occurred.	
4. When and where was the property last seen by you?	
5. If the property has been stolen do you suspect anyone? If so whom?	
6. If the property has been lost or stolen give the date that the Police were informed and the name of the Police Station. (Note: It is essential that prompt notification of any theft or loss be given to the nearest Police Station).	
7. Are you the sole owner of the property? If not please give name of owner.	
8. If the property in question is not specifically insured under the Policy but forms part of a miscellaneous category please state the present value of all the property covered under the same category and support this with 2 quotations.	
9. Is the property covered under any other insurance? If so please give full details.	
10. Have you sustained any previous losses by fire or theft? If so please give full details together with the name of any Insurance Company dealing with the loss.	

FULL INFORMATION REGARDING THE LOST OR STOLEN ARTICLES MUST BE FURNISHED OVERLEAF

I hereby warrant the truth of the above statements and of the information shown overleaf.

DATE:

SIGNATURE OF INSURED: