

Fire and Special Perils (Storms, etc.) Claim Form



Zurich Insurance Company Botswana Limited
Registration No. CO/2043 VAT No. 0754501112

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Name of insured _____ Policy No. _____

Postal address _____

Telephone: Home _____ Business _____

1. When did the damage take place?
2. Situation of property damaged or destroyed
3. How were the premises occupied at date of occurrence?
4. What was the cause of the damage, and under what circumstances did it occur?
5. Does the policy give a correct description of the property in all respects as it existed immediately before the occurrence?
6. Has any element of risk been introduced that was not allowed by the policy?
7. Have the conditions of the policy been complied with in every respect?
8. Is the claimant the sole owner of the property damaged or destroyed?
If so, state full particulars of any other interest.
9. Have there been previous losses in these premises, or in any other premises in which the Insured was interested?
If so, state full particulars of such losses, and name of company on risk.

	Name of company	Amount
10. Were there at the time of the occurrence, any existing insurances, whether effected by the claimant or by any other person, on the said property, with any other company or society? If so, state full particulars. If not, please write "no".		

I hereby declare that the above is a full, true and accurate statement, and I further declare that the articles mentioned on the other side, being my property and insured under the abovenamed policy or policies, were accidentally destroyed or damaged without any design or procurement on my part by the aforesaid occurrence.

Date _____ Signature of Insured _____