

Claim Form for the loss of money



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

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Claim No. _____	
Policy No. _____	Date of last payment of premium _____
Name of insured _____	Telephone _____
Full address of premises where the loss occurred _____	

Business address _____	

1. Date of loss	
2. Date of discovery of loss	
3. Were the police informed? If so, at what address?	
4. What steps are being taken to prevent further losses of this nature?	
5. Give details of loss or damage to safe or strongroom	
6. Give a detailed report on all circumstances surrounding this loss	

I hereby warrant the truth of the foregoing statements

Date _____ Signature _____

Please complete page 2 of this form