

Burglary Claim Form



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

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1. Name of insured _____ Claim No. _____
2. Name of claimant _____
3. State full address of the premises at which the burglary was committed _____

4. (a) When was it discovered? _____
(b) By whom was it discovered? _____
(c) By whom was such discovery witnessed? _____
5. (a) When did you report it to the police? _____
(b) At which police station? _____
6. Which rooms were rifled? _____
7. Which door or window was forced? _____
8. (a) Were the premises occupied at the time of the burglary? _____
(b) If not, on what date and at what hour were they last occupied? _____
9. Do you suspect any person or persons? If so, whom? _____
10. (a) Has any other person an interest of any description in the property claimed for? _____
(b) If so, give his or her name and the nature of the interest _____
11. Are there any other insurances against loss or damage by burglary, housebreaking, or theft in respect of the property claimed for? _____

12. What was the value of the total contents of your premises at the time of the burglary? P _____
13. (a) Are the contents of the premises insured against fire? _____
(b) If so, state amount insured and name of company. P _____ in the _____ company
14. Have you ever had a loss by fire or a previous burglary? _____
15. Policy no. and date last premium was paid _____

I/We _____
of _____
being the Insured under the above-mentioned policy, do solemnly declare that at or about _____ o'clock
on the _____ day of _____, an act of burglary, housebreaking and/or theft was committed upon my/our
premises at the address stated above, occasioned to the best of my/our knowledge and belief, in the following manner.

I/We further declare that the property enumerated in the schedule on the back hereof belonging to the persons mentioned and insured under the said
policy, was stolen under the circumstances mentioned, and that the amounts severally stated represent the sums I am/we are entitled to claim under terms
of the policy.

Signed this _____ day of _____
Witness _____ Occupation _____
Address _____
Signature _____