

**ALLIANCE INSURANCE COMPANY (PVT) LTD
SUITE 1, WESTGATE HOUSE WEST, WESTGATE
P.O. BOX WGT 196, WESTGATE
HARARE**

TEL/FAX: 334925/8

FIRE, LIGHTNING, STORM, CLAIM FORM

**Acceptance of this form is not an admission of liability by the Company.
Please answer all questions fully to assist in the prompt settlement of your claim.**

INSURED: Name Address

 Telephone No. Home Business.....

 Contact Cell No. Policy No.

***SHOULD THE COMPANY BE LIABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE**

1. DEPOSIT CHEQUE INTO: BANK..... ACCOUNT NO..... BRANCH

2. SEND CHEQUE VIA MY BROKERS:

Time and date of damage	
Where did the damage occur	
How were the premises occupied	
Give full details of how the damage Occurred	
Is the damaged property insured with Any other Insurance Office	
Is the claimant the sole owner of the property Damaged	
Has there been any previous losses at the Insured premises or in any other premises in Which the insured was interested? If so, state full particulars, including the cause, of such Losses and name the Insurance Office on risk	
Full Value of the insured property at time of Damage.	

I/We declare that the property listed on the other side, belonging to me and insured under the said policy was damaged and that the amounts severally stated represent the sum of money I am entitled to claim in terms of the policy.

INSURED'S SIGNATURE.....DATE.....

STATEMENT OF CLAIM - Please note that all columns must be completed.

Description of article (please state serial no's. or any other identifying marks)	Date and Place of purchase	Price Paid	Replacement Price	Deduction for depreciation	Amount claimed
TOTALS					

DECLARATION: I/We hereby declare that the statements, facts, and documents are true and that I/we have not withheld from the Company any information within my/our knowledge connected with the accident or loss or damage.

Date **Signature of Insured**