NICO INSURANCE ZAMBIA LIMITED

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BURGLARY CLAIM FORM

The issue of this form does not imply admission of liability on the part of this Company.
All questions must be answered fully – ticks and dashes are not acceptable.

Name of Insured ……

Full Address ……..Telephone No. ……..……

……..Fax No. ……..

Policy No. ……..E-mail Address ……

Full address of the premises from which The loss occurred.	
1. When is the theft believed to have been committed?	
2. (a) When was the loss discovered? (b) By whom was it discovered?	(a) (b)
3. What is the amount of loss? (Complete reverse side of this form)	K……
4. Describe fully how the thieves entered the premises and state which doors or windows were forced	
5. From which part of the premises was the property stolen?	
6. (a) Are you the sole occupier of the premises? (b) If not, give the names of the other occupants.	(a) Yes / No (b)

STATEMENT OF CLAIM

The amount to be claimed on any article must be limited to the actual intrinsic value at the

time of the loss. Details of damage if any should be stated and an estimate for the repairs should be forwarded with this statement.

Item No.	Give full description Of Property	Name and Address of Shop Where bought Or of Person From whom obtained	Date of Purchase Or of Gift	Cost Price	Deduction for wear and tear	Amount now Claimed	Remarks

7. (a) Were the premises occupied at the time of loss?
   (b) If not, where were they last occupied

(a) Yes / No

(b) Date…….. Hr……..a.m. / p.m.

8. (a) Has the loss been reported to Police Station (a) Yes / No

(b) If yes,

(i) Name of the Police Station	(b)	(i)	
(ii) When was the report made?		(ii)	
(iii) Name the person who reported to the police		(iii)	
(iv) Has any arrest been made?		(iv)	Yes / No
(v) Have any of the stolen items been recovered?		(v)	Yes / No

9. (a) Do you suspect any person of having been implicated in the theft? (a)

(b) If Yes,

(i) Give name and address of the person	(b)	(i)
(ii) Give reasons why you suspect the person		(ii)

10. (a) Are you the sole owner of the property stolen and/or damaged? (a) Yes / No

(b) If not, give full information regarding ownership (b)

11. What was the total value within the premises at the time of the loss of:

(a) all property owned by you (a) K

(b) goods held by you in trust and on commission (b) K

12. (a) Are the premises and/or contents insured against fire? (a) Yes / No

(b) If Yes,

(i) Give name of Insurance Company	(b)	(i)
(ii) Give amount insured		(ii)

13. (a) Is there any other Insurance covering this loss?	(a) Yes / No
(b) If Yes, (i) Give name of Insurance Company (ii) Give amount Insurance	(b) (i) (ii)
14. (a) Have you previously ever suffered loss by fire? Housebreaking or theft?	(a) Yes / No
(b) If Yes, give the following details	(b) **Cause** **Date** **Amount** (i) Fire (ii) House-breaking (iii) Theft

Declaration

I / We hereby declare that the above details are in all respects true and correct.

SIGNATURE OF CLAIMANT: ……DATE: …….

PLEASE NOTE PRIOR TO SUBMISSION of PROPOSAL FORMS TO INSURERS!!

- A specimen copy of the policy form and other terms applicable to the risk are available on request.
- The policyholder shall keep a record of all information including copies of letters supplied to the Insurer for purpose of entering into the contract.
- A copy of the completed proposal form will be supplied on request after its completion.