NICO House Plot No.6106 & 6107 Great East Road, Northmead, Lusaka
P O Box 32825, LUSAKA, ZAMBIA.
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GENERAL CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name		Policy Number	
Occupation		Contact Number	
Insured Address			
Agent Name		Agent Reference	

DETAIL OF LOSS OR DAMAGE

Loss / Damage : Date		Time		When was the Loss / Damage discovered?	

Address where Loss / Damage occurred

Were premises occupied?	YES	NO	If YES, by whom	
Purpose of Occupation				

Describe fully how the loss or Damage occurred. (**Attach additional sheets Were possible)**

If applicable, state how entry was gained to premises.

Was burglar alarm activated? YES NO

If Loss/Damage caused by another party, give name and address

Have you previously suffered a Loss / Damage? YES NO If YES, give detail of Loss / Damage and Insurer Name

Police Station to which reported		Police Reference No		Date on which reported	

Has any other party an interest in the insured property, e.g. Hire purchase or other Credit Agreement? YES NO

If YES, give name and interest

Is there any other insurance covering this Loss / Damage? YES NO

If YES, give name of Insurer and Policy Number

Estimated total value of all property insured under this policy		When was it last valued?	

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

SIGNATURE OF CLAIMANT

Date

DETAIL OF PROPERTY LOST, STOLEN OR DAMAGED

Note: Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Quantity	Description	Date Acquired	From whom Purchased or acquired	Current Replacement Value	Deduction for wear & tear or depreciation (if applicable) or value of salvage	Amount Claimed