



CLAIM FORM FOR PROPERTY DAMAGE OR LOSS....Applicable to Fire, Special Perils, "Home" Cover, Theft, All Risks, Money, Baggage and Glass.

The issue of this form is not an admission of liability on the part of the Company.

All questions on this form must be answered in full.

1. Policy No. RENEWAL DATE:		Date of payment of last premium:	
Insured 2 3. 4.	Name.....	Telephone No.....	
	Address.....	Business or Occupation.....	
Circumstance 5 giving rise to 6. claim 7	Date and time of loss a.m./p.m. on.....		
	Where loss or damage occurred.....		
	Describe fully how loss or damage occurred.....		
		
		
8. General 9 Information 10. 11. 12. 13. 14. 15. 16.	Type of premises involved.....		
	Were the premises unoccupied? Yes/No. If so, when were they last occupied?.....		
	Are the premises self-contained? If not, name of other occupants.....		
	Are you owner of premises?.....		
	Are you responsible for repairs?.....		
	Have you any suspicion as to parties implicated?.....		
	Is there any other insurance in force providing covers for this loss? If so, give particulars including Insurers name, and Policy No..... Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on Insurers.....		
	At the time of the loss what was the value of: a) the buildings?.....		
	b) all the property in the premises?.....		
Complete in all Cases involving 17 THEFT 18 MALICIOUS 19 DAMAGE 20 Or MISSING 21 ARTICLES 22	When were the Police notified?.....		
	Address of Police Station.....		
	What other steps have you taken to recover property?.....		
	Give full details of method of entry to premises.....		
	If alarm fitted, did it function properly? If not, give reasons.....		
	Are guards employed? If so, name of firm.....		
Complete in all 23 cases involving 24 loss in transit 25 26 27 28	Starting point and destination of transit.....		
	Who was accompanying property lost?.....		
	If employees, state age and duties.....		
	Are they insured under Fidelity Guarantee Policy? If so, Insurers name, address and Policy No.....		
		
	How often is this transit made?.....		
	What is maximum ever carried at one time?.....		
		
Amount claimed	Tanzania Shillings.....Please refer overleaf for details.		

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and the articles and property described overleaf belong to me/us, and that no other person has any interest whether as owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

Date.....Sign..... (If Policyholder body corporate, title of signing authority)