

Fire, Special Perils, Householders & House Owners Insurance Claim

Head Office

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Dalian Nonalan	
Policy Number	

•					E-mail: info@fbc.co.zw					
Full nam	ne of Insured									
Home N	lumber				Offic	e Number				
When did the Damage take place?										
Situatio	Situation of Property damaged or destroyed									
How w	How were the premises occupied at date of occurrence?									
What v	What was the cause of the Damage, and under what circumstances did it occur?									
	Does the Policy give a correct description of the Property in all respects as it existed Yes No Immediately before the occurrence?									
Have a	ny elements o	f risk been introdu	ıced which wa	as not allowe	ed by th	e Policy?	Yes	No		
Have th	ne conditions	of the Policy been	complied wit	h in every re	spect?	Yes	No			
		ole Owner of the P		aged or dest	royed?	Yes	No			
if not, s	state full partic	ulars of any other	interest.							
Have there been previous Losses in these Premises or in any other Premises in which the insured was interested? Yes No If so, state full particulars of such losses, and name of Company on risk.										
Was the	ara at the time	of the occurrence	any evicting	Incurances	whatha	r effected by t	he Claimant	or by any oth	er nerson on t	the said
	Was there at the time of the occurrence, any existing Insurances, whether effected by the Claimant or by any other person on the said Property, with any other Company or Society? 'If so, state full particulars, if not, please tick "No". Yes No								.ric said	
Name (of Company						Amount			
Name (of Company						Amount			
Name o	of Company						Amount			
I hereby declare that the above is a full, true and accurate statement and I further declare that the articles mentioned below, being my property, and insured under the above-named Policy or Policies were accidentally destroyed or damaged without any procurement on my part by the foresaid occurrence.										
Date			Signature							
Detailed	Statement of F	Property destroyed	d or damaged	l on the			day of			
No.	Description			Date of Pur	chase	Value of prop damaged or at the time o occurrence	destroyed	Amount Clai	med	

	Total					