

## **Head Office**

6th Floor FBC Centre, 45 Nelson Mandela Avenue, P.O. Box 1227 Harare, Zimbabwe

Telephone: +263-242-783 204/783 206-7/707 057/797 759|772 706

E-mail: info@fbc.co.zw

## REF. No

This form should be completed and returned within 7 days of its receipt by the insured.

Particul	larc Af	: C	laim
rai ucu	ıaıs vi	•	ıaııı

Signature

Date

i ai ticulai 3 Oi Ciallii								
Name of Insured in full							Cell Number	
Policy No	Date of pay	ment of last pr	remium					
Full address of the premises w	here the theft too	k place						
Business Address								
1. On what date and betwee	n what hours were	your premises	broken into	)				
2. On what date and hour wa	as the theft discove	ered and by wh	om? Date				Time	
Discovered by								
3. Which rooms were rifled?								
4. Describe the means by wh	ich entry was obta	ined and state	what date a	ınd at v	vhat ho	ur were the	ey last occupie	ed?
Date Time								
5. Was the premises occupie	d at the time?	Yes	No					
If not, upon what date and a	t what hour were t	hey last occupi	ed? Date			Tir	me	
6. Do your suspicions rest up	on anyone, and if	so whom?	Yes	No	Suspec	:t		
7.Date reported to Police	By w	hom reported?	?		Nan	ne of Polic	e Station?	
8.Are you the sole owner of t	he property stolen	or damage?	Yes		No	)		
If not, give name of owner								
9. Are there any other insurances against theft upon the same property Yes No								
10. What was the value of the	e total contents of	your premises	at the time	of your	loss?			
11.Have you ever before sust	ained loss by fire h	ouse breaking	of theft?	Yes		No		
Was the claim made upon ar	ny Company or unc	derwriters?	Yes	No				
If so, give name, date, nature	of loss and amour	nt paid						
12.What steps are being	taken to preve	nt recurrenc	e of the lo	ss?				
I hereby warrant the trut	h of the foregoi	ng statemen	its.					

PLEASE COMPLETE THE BACK OF THIS FORM SCHEDULE OF ARTICLES STOLEN

Full Description Of Articles Lost Stolen Or Damaged	State To Whom Articles Belonged	From Whom Obtained (Name And Address)	Date	Net Cost Price	Sum Claimed	Remarks