

NB: KINDLY SUBMIT THIS FORM FULLY COMPLETED TOGETHER WITH 3 REPAIR/REPLACEMENT ESTIMATES, AND A POLICE REPORT.



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MISCELLANEOUS CLAIM FORM ALL LINES EXCLUDING MOTOR

Name Of Insured: Policy No.

Address:

.....

Tel No.: Bus: Cell:..... Home:

Date Of Loss/Accident:

Address Of Premises Where Loss Occurred:

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Nature Of Claim:

Give Full Description Of Loss/Accident:

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In Cases Of Loss Please state Date & time last seen:

When was Loss Discovered and by whom:

Have Police been Informed (Or Other Enquiries made)?:

If Reported to the Police State:

a) To which Station was Report Made:

b) Date and Time Of Report:

c) Name & address of person who made report:

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In the Event of damage can the article/s be repaired? :

(Please attach repairer's estimate/ or repairers report)

I declare all the information hereon to be true and correct to the best of my knowledge and belief.

Name In Full: Designation:

Signature: Date:

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT STATE:

Bank Name: Branch:..... Acc Name: Acc. No.