



CBZ Insurance Company (Private) Limited
 5th Floor, North wing, Beverly Court, 100 Nelson Mandela Avenue,
 P O Box 3313, Harare, Zimbabwe
 Phone: 799234 – 9, Fax: 735417
 Email: cbzinsurance@cbz.co.zw

Date:

The Member in Charge

Dear Sir,

CLAIM No

Would you be kind enough to return this form completed where appropriate. Please pass back to correct branch if wrongly directed.

Information submitted to us

Please advise

Name of person who advised police	If reported to you Lost Property Book	YES/NO
Physical Address of Above	Crime Register Ref.	
Name and address of Company or individual owning or in lawful custody of items	Station	
Date reported to Police	Value of Property advised to you	
Police Station	In Case of theft or house burglary method of entry	
Date of Loss/Accident	If property advised as stolen does not agree with the list opposite/attached, state differences	
Location of Loss/Accident ,		
Brief Details of loss/Accident (including list of items stolen if applicable)	Has any property been recovered, if so give details	

Yours Faithfully,

Claims Department