

GOLDMAN INSURANCE LIMITED

3rd Floor, Blue House, Plot No. 58, Great East Road, Arcades Private Bag W395, Lusaka, Zambia Tel: +260 953 137867, 0968 325169, 0968 325170 E-mail: goldman@zamnet.zm

CLAIM FORM FOR FIRE, THEFT, BURGLARY, MONEY, ALL RISKS POLICIES & PLANT ALL RISKS

(Without Prejudice Basis)

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- This form should be completed and forwarded to the company at the address shown
 above as soon as possible and in no case later than 30 days from the date of
 occurrence. Claimants are advised to read the conditions of the company's policies
 regarding claims before completing this form.
- 2. As from the date of loss the Sum Insured becomes reduced up to the date of renewal by the amount paid in the settlement. If the claim is for substantial sum you are advised for your own protection to have the Sum Insured restored to its original figure and to give your instructions accordingly.

The policy to be entered on this form, MUST BE which appears on the LATEST Renewal Invitation or communication received from Goldman Insurance Limited

Policy Numbe	r				t To Who	m You	Paid L	ast					
		Pr	emium										
Name Of Ins	rured												
Address(priv	ate)								Tel. N	Vo.			
Address(Bus	iness)												
Trade/Occup	pation(If	moi	e than	one									
state all)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
Location (St	ituation	or											
Premises or													
Damage													
Ö													

ADDITIONAL QUESTIONS FOR THEFT, BURGLARY, MONEY & ALL RISKS

Date

When was the Loss or Damage Discovered?

		1 11110				
Who made the Discovery?			•			
When was the property Last seen?	Date					
when was the property East seen:	Date					
	Time				By Whom?	
When was the police notified?	Time				By Whom?	
Address of police						
Address of police						
Who notified the police?			Address			
Any Other Steps Been Taken To Reco	ver The prope		radi CSS			
This other steps been raken to keep	ver The prope	Aty				
PLEASE ANSWER THE FOL	LOWING Q	UESTI	ONS IF T	HE CI	AIM IS IN RESPECT OF A	
THEFT AT YOUR OWN PRE						
Total value Of premises at the time of						
Are the Premises, or part left unattended						
How many nights have the premises be			ng the past	year		
Was anyone in the premises at the time		?				
If Yes, please give names and addresse	es					
Have you ever sustained a loss or clain	ned against an	ıy insur	er for any	of the 1	isks included in the policy under which	ch this
claim is made. If so, give particulars.						
Are you the sole owner of the lost, dan						
If NO, state the name(s) of any other in	nterested parti	es and	the nature of	of their	interest	
In respect of damage to building or lan	dlord's fixture	es (incl	uding deco	rations) are you responsible for the repair of	such
damage under the tenancy agreement						
Was there at the time of the occurrence			nsurance ef	ffected	by you or any other persons on the pr	operty
for which this claim is made. If so, plea	ase give detail	ls				

PARTICULARS OF THE CLAIM TO BE GIVEN IN DETAILS

In respect of building claim, tradesmen's estimates should be furnished before Instructions are given for the work to be put in hand, if decorations are involved, Please indicate when they were last renewed. Any damaged property must be disposed of Until Goldman Insurance gives permission.

(1)	(2)	(3)	(4)	(5)	(6)
Particulars of	Date	Name and	Original Cost	Value at the	Amount
Each Building	Purchased or	Address of	price	Time of the	Claimed after
Or article in	Received	Person from	_	loss	Allowing for
Respect of		Whom article		After allowing	Value of
Which this		Was purchased		for age and	salvage
Claim is made		or by whom		wear	

Date	Signature of Insured	
(If Limited Company gives status of signatory)	•	

Company stamp

I/We declare that the particulars given on this for are true and complete