Libertas General Insurance Company Limited

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RENEWAL DATE:

FIRE INSURANCE CLAIM FORM

1.	Full Name of Insured	Name of Insured :			
2.	Contact Details	: Postal Address:			
		: Email Address:	Phone Number		
		: Identification Type:	ID NO.:		
		: Bank Acc. Name:	Account No.:		
3	Occupation	:			

SECTION 2 – CIRCUMSTANCES GIVING RISE TO CLAIM (MANDATORY)

1.	Date of Loss	://///	Time: (AM / PM)
2.	Where Loss / Damage occurred	:	
3.	Describe fully how loss/ damage occ	urred :	

SECTION 3 – GENERAL INFORMATION (MANDATORY)

1.	Are you the sole owner of the prope	e sole owner of the property lost or damaged:		
	If Not, please give the name of the o	wner:		
2.	Is there any other insurance in force	providi	ng cover for this loss:	
	If Yes, please give details:			
3.	Have you ever suffered similar loss of	or dama	ge:If so, {	give particulars when and where claim was made:
4.	At the time of loss, what was the	(a)	Building / Outbuildings	:
		(b)	Contents	:
		(b)	Plant / Machinery	:
		(b)	Stock / Others	:



POLICYNO.:

SECTION 4 – COMPLETE IN RESPECT OF THEFT, MALICIOUS DAMAGE, OR MISSING ARTICLES (MANDATORY)

1.	If the property was stolen or lost, give the date the police were advised, and name the station (In all such cases the
	Police must be advised promptly):
2.	Do your suspicion rest on anyone, and if so, whom:

SECTION 5 – AMOUNT CLAIMED (MANDATORY)

1. State the amount Claimed (If any):	Stock	МК:				
	Fixtures & Fittings	МК:				
	Plant / Machinery	МК:				
	Others (Please Specify)	МК:				
	Total(s)	МК:				
	(Kindly attach supporting documents)					
ROUGH SKETCH OF THE ACCIDENT						

1. Please draw a rough sketch of the accident (This must be given with approximate measurement where possible):

DECLARATION (MANDATORY)

I/We hereby declare that the above particulars and statements are true, correct and complete and contain all information known to me/us to render the company every assistance in in my/ our power in dealing with the matter.

Signature:

Note: The insurer has the right to review the quotations and decide where to have the property repaired/ Reinstated/

Replaced or at their option whether to Pay Cash-in-Lieu.

If any claim has been made upon you or if you have received any communication at all, please send any letter or other documents you have received immediately and unacknowledged

DETAILS OF AMOUNT CLAIMED

If claim is for repairable damage, give particulars of damage and a tradesman's estimate for repairs necessary. If claim is for irreparable damage or loss, list items below completing all columns (If policy cover is on new reinstatement basis the column for wear, tear and depreciation is not applicable). Supporting estimates for replacements may be helpful. In cases where reported to Police please furnish a Police report

Full description of property	Where and when acquired	Replacement cost price	Deduction for Wear, Tear and Depreciation	Amount allowed for salvage	Amount Claimed.