



Libertas General Insurance Company Limited
 Unit House, Ground Floor, Victoria Avenue,
 Blantyre
 Phone: +265 (0) 1 832 844
 FAX: +265 (0) 1 821 147
 Email: claims@libertas.co.mw / infor@libertas.co.mw
 (w) www.libertas.co.mw

FIRE INSURANCE CLAIM FORM

POLICYNO.:

RENEWAL DATE:

SECTION 1 - PERSONAL DETAILS (MANDATORY)

- 1. Full 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 occurred :
-
-
-

SECTION 3 – GENERAL INFORMATION (MANDATORY)

- 1. Are you the sole owner of the property lost or damaged:
- If Not, please give the name of the owner:
- 2. Is there any other insurance in force providing cover for this loss:
- If Yes, please give details:
- 3. Have you ever suffered similar loss or damage: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 :

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	MK:	
Fixtures & Fittings	MK:	
Plant / Machinery	MK:	
Others (Please Specify)	MK:	
Total(s)	MK:	

(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.

Date/Stamp:/...../..... **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

