



HURUDZA HOUSE, 14-16 NELSON MANDELA AVENUE, P.O. BOX 369, HARARE
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ASSETS ALL RISKS CLAIM FORM
FOR ALL RISKS, FIRE, MONEY, HOUSE HOLDERS, HOUSEOWNERS BURGLARY, COMBINED, SPECIAL PERILS

1. BRANCH NO..... POLICY NO.....

THE INSURED

NAME.....

ADDRESS.....

POSTAL ADDRESS.....

OCCUPATION /BUSINESS.....

TELEPHONE NO BUSINESS.....HOME.....

2. Address at which loss /damage occurred.....

3. When did the Loss/damage occur?

4. Describe fully how the loss occurred.....

5. Have you previously suffered a loss? Yes.....No.....Full description of previous claims/losses.....

6. Were the premises occupied at the time of the loss or damage? Yes.....No.....If not when was it last occupied.....

Comments (if any)

7. How were the premises occupied at the time of loss or damage?

8. Was the loss or damage reported to the police... Yes.....No.....If no, why not.....

9. Are you the sole owner of the lost or damaged property? Yes.....No.....If no give particulars of other parties involved

10. Is there a bond on the property? YesNo.....Name of Bond Holder.....

11. What is your estimate value of the entire contents at the time of the loss or damage?.....

12. What is your estimate value of the entire building(s) at the time of loss or damage?

13. Do(es) the building(s) have a thatch roof? Yes.....No.....Details.....

I /We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signed at.....ON.....

SIGNATURE OF THE INSURED.....

