

## ALLIANCE INSURANCE COMPANY (PVT) LIMITED

**HARARE ADDRESS**

66 Ridgeway North, Borrowdale, Harare  
 P.O Box BW 339, Borrowdale, Harare  
 Tel: +263 4 882060; +263 4 882150/56  
 Fax: +263 4 882229  
 Email : [queries@aic.co.zw](mailto:queries@aic.co.zw)

**BULAWAYO ADDRESS**

7 Oaks Avenue, Suburbs, Bulawayo  
 Tel: +263 9 230683; +263 9 230651/3  
 Fax: +263 9 230689  
 Email: [queries@alliance.co.zw](mailto:queries@alliance.co.zw)

### ***FIRE, LIGHTNING, STORM, CLAIM FORM***

Acceptance of this form is not an admission of liability by the Company.

**Please answer all questions fully to assist in the prompt settlement of your claim.**

INSURED:                     Name .....   Address .....

   Telephone No. Home .....   Business.....

\*SHOULD THE COMPANY BE LIABLE TO SETTLE THIS CLAIM PLEASE TICK THE APPLICABLE

1. DEPOSIT CHEQUE INTO:     BANK.....     ACCOUNT NO.....     BRANCH .....
2. SEND CHEQUE VIA MT BROKERS:

Time and date of damage	
Where did the damage occur?	
How were the premises occupied?	
Give full details of how the damage occurred	
Is the damaged property insured with any other Insurance Office	
Is the claimant the sole owner of the property damaged	
Has there been any previous losses at the Insured premises or in any other premises in which the insured was interested? If so, state full particulars, including the cause, of such losses and name the Insurance Office on risk	
Full Value of the insured property at time of damage.	

**I/We declare that the property listed on the other side, belonging to me and insured under the said policy was damaged, stolen or lost and that the amounts severally stated represent the sum of money I am entitled to claim in terms of the policy.**

**INSURED'S SIGNATURE.....DATE.....**

**NAME OF INSURED.....**

