

**ALLIANCE INSURANCE COMPANY (PVT) LIMITED**

**HARARE ADDRESS**

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**THEFT AND ALL RISKS CLAIM FORM**

Please state as fully and as accurately as possible the information asked for below.  
Acceptance of this form is not an admission of liability by the Company.

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 MY BROKERS

**GENERAL**

Date of Loss ..... Time /am/pm .....

When and by whom was the loss discovered? .....

When was the loss reported to the police? Date:..... Time/am/pm .....

Which police station ..... Police Ref No. ....

**IMPORTANT  
PLEASE RETURN  
WITHIN 14 DAYS  
OF DATE OF LOSS**

Full names of person reporting the loss to the police .....

Have the police investigated the loss? .....

Are you the sole owner of the missing or damaged property? .....

Are there any other insurances in force upon the same property? .....

If so please state name of insurer .....

Have you ever had a previous loss by the perils insured? .....

If so please give details and name of insurer .....

Address of building .....

Was it occupied at time of loss? ..... If unoccupied and a residence, for how many days has it been unoccupied during the current period of insurance .....

**N.B. Access by domestic workers does not count as occupation.**

**If property was stolen  
from a BUILDING  
please state**

How was entry effected? .....

What damage was sustained to the building? .....

Which rooms were entered? .....

State make, type and Registration number of vehicle .....

Where was it parked at time of theft? .....

**If property was stolen  
from a VEHICLE  
please state**

Were the doors and boot locked and windows closed?.....

How was entry gained?.....

What damage did the vehicle sustain? .....

Where in the vehicle was property left?.....

