

|  |  |                               |  |
|--|--|-------------------------------|--|
| <b>GENERAL CLAIM FORM (NON-MOTOR)</b>  |  |                               | Issued by                                |
| This form is sent whenever a loss is intimated. It must be completed and returned within 10 days of receipt.<br>All questions must be answered fully. Dashes are not sufficient. Please use <b>BLOCK LETTERS</b><br>(Where questions require a "Yes" or "No" answer, tick the appropriate box) |  |                               | From (office)                            |
|  |  |                               | Date issued                              |
|  |  |                               | Policy Number                            |
| <b>THE PREMIUM</b>   | Paid to :  |                               | Date:                                    |
| <b>1. THE INSURED</b> (as in policy)   | Full Names (Mr./Mrs./Miss)   |                               | Surname/Family Name                      |
| 1.1 Present occupation and position  |  |                               |  |
| 1.2 Full residential address   |  |                               | E-mail                                   |
| 1.2 Full Business Address  |  |                               |  |
| 1.4 P O Box/Telephone Numbers  | P O Box Number   | Business Telephone            | Home Telephone                           |
| <b>2 THE INSURED RISK</b>  | For how many days has the building concerned been continuously unoccupied? |                               | _____ Days                               |
| 2.1 Have you suffered any previous loss/theft/damage whether the subject of an insurance claim or not?   | Yes <input type="checkbox"/>   | If "Yes", please give details |  |
|  | No <input type="checkbox"/>  |                               |  |
| 2.2 Has the insured risk altered in any material aspect since inception?   | Yes <input type="checkbox"/>   | If "Yes", please give details |  |
|  | No <input type="checkbox"/>  |                               |  |
| 2.3 Is the subject of claim insured by any other policy? If so give policy number and Company  | Yes <input type="checkbox"/>   | If "Yes", please give details |  |
|  | No <input type="checkbox"/>  |                               |  |
| <b>3 THE PROPERTY/LOSS</b>   | General description of property/loss concerned                             |                               | Estimated total value at time of loss \$ |
| 3.1 Brief details of damage to, or loss of insured item involved   | ALL DAMAGED PROPERTY MUST BE KEPT FOR INSPECTION AND SALVAGE.              |                               |  |
| 3.2 Estimated cost of repairs and where available for inspection   |  |                               |  |
| 3.3 Have any of the items since been replaced or recovered   | Yes <input type="checkbox"/>   | If "Yes", please give details |  |
|  | No <input type="checkbox"/>  |                               |  |
| 3.4 Are all items owned by the Insured?  | Yes <input type="checkbox"/>   | If "No", please give details  |  |
|  | No <input type="checkbox"/>  |                               |  |
| 3.5 Are any Contracts, Agreements, Leases or Conditions involved?  | Yes <input type="checkbox"/>   | If "Yes" please give details  |  |
|  | No <input type="checkbox"/>  |                               |  |
| 3.6 Address where loss occurred  |  |                               | Telephone Number                         |
| <b>4 THE CIRCUMSTANCES</b>   | <b>REPORT</b>  |                               |  |
| 4.1 Describe how loss occurred (REPORT)  | .....  |                               |  |
| 4.2 Time: _____<br>Date: _____ a.m./p.m.   | .....  |                               |  |
| 4.3 When first Discovered?   | .....  |                               |  |
|  | <b>(Continue on separate page if necessary)</b>                            |                               |  |
| 4.4 Whom do you believe was responsible and why?   |  |                               |  |
| 4.5 If theft, describe precise means of entry/exit   | In all cases of suspected theft, the Police must be advised                |                               |  |
| 4.6 Details of report to the Police.   | Reported by whom?  | To whom/Station ?             | Time                                     |
|  |  |                               | Date _____ a.m./p.m.                     |

**4 DECLARATION**

I hereby declare as the named Insured/Authorised representative of the named Insured \_\_\_\_\_ that the property enumerated in the 'Statement of Claim' overleaf and insured under the said Policy, was, to the best of my/our Knowledge and belief stolen/lost/damaged/destroyed in the manner described above. I/we further declare that all the foregoing particulars are true and correct and I/we undertake to render to Altfin Insurance Company every assistance in my/our power in dealing with the matter.

DATE: \_\_\_\_\_ SIGNATURE OF POLICYHOLDER \_\_\_\_\_

Print name and Company position here

### STATEMENT OF CLAIM

N.B. The amount to be claimed on any article is limited to the actual intrinsic value.  
 It is the insured's responsibility to prove the loss and an effort must be made to obtain all the details.  
 UNLESS THE INFORMATION REQUESTED IS SUPPLIED IN FULL THE CLAIM MAY NOT BE ENTERTAINED.

| ITEM NO. | DETAILED DESCRIPTION OF EACH ARTICLE | DATE PURCHASED | PURCHASED FROM ? | COUNTRY OF ORIGIN | PRICE IN ORIGINAL CURRENCY | ALLOWANCE DEDUCTIBLE FOR DEPRECIATION | AMOUNT CLAIMED- VALUE AT TIME OF LOSS |
|----------|--------------------------------------|----------------|------------------|-------------------|----------------------------|---------------------------------------|---------------------------------------|
| 1        |                                      |                |                  |                   |                            |                                       |                                       |
| 2        |                                      |                |                  |                   |                            |                                       |                                       |
| 3        |                                      |                |                  |                   |                            |                                       |                                       |
| 4        |                                      |                |                  |                   |                            |                                       |                                       |
| 5        |                                      |                |                  |                   |                            |                                       |                                       |
| 6        |                                      |                |                  |                   |                            |                                       |                                       |
| 7        |                                      |                |                  |                   |                            |                                       |                                       |
| 8        |                                      |                |                  |                   |                            |                                       |                                       |
| 9        |                                      |                |                  |                   |                            |                                       |                                       |
| 10       |                                      |                |                  |                   |                            |                                       |                                       |
| 11       |                                      |                |                  |                   |                            |                                       |                                       |
| 12       |                                      |                |                  |                   |                            |                                       |                                       |
| 13       |                                      |                |                  |                   |                            |                                       |                                       |
| 14       |                                      |                |                  |                   |                            |                                       |                                       |
| 15       |                                      |                |                  |                   |                            |                                       |                                       |
| 16       |                                      |                |                  |                   |                            |                                       |                                       |
| 17       |                                      |                |                  |                   |                            |                                       |                                       |
| 18       |                                      |                |                  |                   |                            |                                       |                                       |
| 19       |                                      |                |                  |                   |                            |                                       |                                       |
|          |                                      |                |                  |                   |                            | <b>TOTAL</b><br>(Zimbabwe Currency)   |                                       |

Continue on separate sheet if necessary.

DATE \_\_\_\_\_ SIGNATURE OF POLICYHOLDER \_\_\_\_\_