



Phoenix

Of Swaziland Assurance Company Ltd.

P.O. Box A113 Swazi Plaza, Mbabane H101 Swaziland

Email: info@phoenixswaziland.com

ALL RISKS CLAIM FORM

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY ON THE PART OF THE COMPANY

(Please answer all questions as fully as possible)

Name of the Insured:.....
Private Address:.....
Business Address:.....
Policy No:.....
Telephone No. (private).....Business/Occupation.....
Fax No.....E-mail.....

1. Has the property been Stolen, Lost or Damaged?	
2. When was the Theft, Loss or Damage discovered and by whom? Please state Date and Time.	
3. State the circumstances under which the Theft, Loss or Damage occurred	
4. When and where was the property last	

seen by you?	
5. If the property has been Lost or Stolen do you suspect any one? If so, whom?	
6. If the property has been Lost or Stolen give the Date that the Police were informed and the name of the Police Station.	
(Note: It is essential that prompt notification of any Theft or Loss be given to the nearest Police Station)	
7. Are you the sole owner of the property? If not, please give name of the owner.	
8. If the property in question is not specifically Insured under the policy but forms part of a miscellaneous item please state the present value of all the property covered under the same item.	
9. Is the property covered under any other Insurance? If so, please give full details.	
10. Have you sustained any previous Losses by Fire or Theft? If so, please give full details together with the name of an Insurance Company dealing with the loss.	
11. Explain in your own words how the Loss/Damage occurred.	

FULL INFORMATION REGARDING THE LOST OR STOLEN ARTICLES MUST BE FURNISHED OVERLEAF.

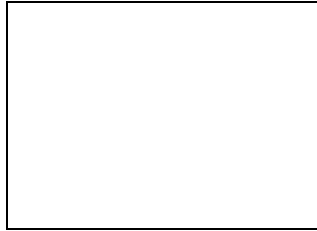
I hereby warrant the truth of the above statements and of the information shown in the statement of claims.

Date:.....Signature of Insured:.....

Full Name:.....

Position:.....

Company Stamp:



STATEMENT OF CLAIM

(THE AMOUNT TO BE CLAIMED ON ANY ARTICLE MUST BE LIMITED TO THE ACTUAL INTRISIC VALUE AT THE TIME OF LOSS. DETAILS OF DAMAGE OF ANY ITEM SHOULD BE STATED AND ESTIMATE FOR THE REPAIRS SHOULD BE FORWARDED WITH THIS STATEMENT)

FULL DESCRIPTION OF ARTICLES LOST, STOLEN OR DAMAGED	FROM WHOM AQUIRED	DATE PURCHASED OR AQUIRED	COST PRICE		DEDUCTION FOR DEPRECIATION AND WEAR AND TEAR	AMOUNT CLAIM		REMARKS

