



**MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED**  
 P O BOX 34702, 1194 Lunzua Road, Rhodes Park, Lusaka, Zambia  
 Tel: +260 211 255 182/3 Fax: +260 211 255 163  
 Email: info@mayfairzambia.com

### Claim Form For Property Damage Or Loss

Applicable to Fire, Special Perils, "Home" Covers, Theft, All Risks, Money, Baggage and Glass

The issue of this form is not an admission of liability on the part of the Company. • All questions on this form must be answered in full.

Policy No.	1. RENEWAL DATE:	Date of payment of last premium:
Insured	2. Name.....	_____;
	3. _____	
	4. Address .....	Telephone No.....
	5. Date and time of loss.....	a.m./p.m.on _____ 20.....
Circumstances giving rise to	6. Where loss or damage occurred .....	
	7. Describe fully how loss or damage occurred.....	
General Information	8. Type of premises involved .....	_____;
	9. Were the premises unoccupied? Yes/No. If so, when were they last occupied?.....	
	10. Are the premises self-contained? If not, name of other occupants .....	
	11. Are you owner of premises? .....	
	12. Are you responsible for repairs? .....	■.....
	13. _____	
	14. Have you any suspicion as to parties implicated? .....	
	15. Is there any other insurance in force providing covers for this loss? If so, give particulars including Insurers name, At the time of the loss what was the value of: a) the buildings?..... b) all the property in the premises?.....	
	17. When were Police notified?... ..	_____;
	18. Address of Police Station.....	
Complete in all cases involving THEFT MALICIOUS DAMAGE or MISSING	19. What other steps have you taken to recover property? .....	■.....
	20. _____	
	22. Are guards employed? If so, name of firm .....	_____
Complete in all cases involving loss in transit	23. Starting point and destination of transit.....	
	24. Who was accompanying property lost?.....	
	25. If employees, state age and duties .....	
	26. Are they insured under Fidelity Guarantee Policy? If so, Insurers name, address and Policy No .....	
	26. How often is this transit made? _____:	
	28. What is maximum ever carried at one time? _____	
Amount Claimed 29.	Kenya Shillings .....	Please refer overleaf for details.

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that articles and property described overleaf belong to me/us. and that no other person has

Signed by the Insured ..... Date .....

**DETAILS OF AMOUNT CLAIMED**

If claim is for repairable damage, give particulars of damage and a tradesman's estimates for the repairs necessary.

If claim is for irreparable damage or loss, list items below completing all columns (if Policy cover is on new reinstatement basis, the column for wear, tear and depreciation is not applicable). Supporting

Full description or property	When and where acquired	Replacement cost price	Deduction for Wear,	Amount allowed for Salvage	Amount claimed

<

11.  
PAC