



Sanctuary House, 15 Princes Road, P O Box BE 103, Belvedere Harare  
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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: .....  
Email: .....  
Telephone - Home: ..... Business: ..... Cell: .....

**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 #: .....  
Full name(s) of person(s) who reported 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: .....  
Date Police Attended Scene: .....

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

Address of Building: .....  
Was it occupied at the time of loss?    
If unoccupied and a residence, for how many days has it been unoccupied during the current period of insurance?  Days.  
How was entry effected? .....  
What damage was sustained to the building? .....  
Which rooms were entered? .....

**If property was stolen from a Building please state.**

State make, type and Registration number of vehicle: .....  
Where was it parked at time of theft? .....  
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? .....

**If property was stolen from a Vehicle please state.**



If property was merely lost or is missing or is damaged please state

When was the property last in your possession?
Where is the property normally kept?
Who, apart from the owner, has access to the premises?

In ALL cases please state

Whom do you suspect, if anyone?
What was the value at the time of the loss of: (a) Contents of premises: \$
(b) Clothing, baggage and personal effects belonging to you/your family: \$
(c) Worn: \$
(d) With you away from the house: \$

N.B. Please answer (a) or (b) depending which is applicable.

If Claim is for a cellular phone Please state

Cell #:
IMEI #:
Has line been cancelled? Yes No
Was sim card in the cell phone at the time of loss? Yes No

N.B. Please supply de-activation letter from network service provider

Please give a full description of the circumstances of loss:

Multiple horizontal dotted lines for providing a full description of the circumstances of loss.



STATEMENT OF CLAIM - Please note that all columns must be completed.

Description of article (please state serial # or any other identifying marks)	Date and Place of Purchase	Price Paid	Replacement Price	Deduction for depreciation	Amount Claimed
<b>TOTALS</b>					

**DECLARATION:** I/We hereby declare that the statements, facts and documents are true and that I/we have not withheld from the Company any information within my/our knowledge connected with the accident or loss or damage.

Date: 

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Signature of Insured: .....