OLDMUTUAL

BOTSWANA

PROPERTY LOSS/ DAMAGE CLAIM FORM

Unit 8, Plot 64511, Fairgrounds,
Gaborone, Botswana
Private Bag 00347, Gaborone, Botswana
Tel +267 399 5700
Fax +267 390 3400

Plot 644, Lobengula Avenue,
Francistown, Botswana
Private Bag F43, Francistown, Botswana
Tel +267 399 5700
Fax +267 241 2810

Please print in block letters using black or blue ink.

Policy number | Claim number

Broker/Agent

DETAILS OF INSURED

First name(s)

Surname

Address

Business or occupation

Telephone number | VAT registration number

DETAILS OF LOSS/DAMAGE

Date of loss/damage (Y Y Y Y M M D D) | When was loss/damage discovered (Y Y Y Y M M D D)

Time of loss/damage

Address where loss/damage occurred

Were premises occupied? YES NO

By whom?

Purpose of occupation

Describe fully how the loss or damage occurred. (If applicable state how entry was gained to premises.)

Was the burglar alarm activated? YES NO

If loss/damage was caused by another party, please provide name and address.

Name

Address

Have you previously suffered a loss/damage? YES NO

If "YES", please provide details.

If insured, provide name of insurer

POLICE REPORT

Station name

Reference number

Date reported Y Y Y Y M M D D

OTHER INTEREST/INSURANCE

Has any other party an interest in the insured property, e.g. Hire Purchase or other Credit Agreement? YES NO

If "YES", please provide.

Name Interest %

Is there any other insurance covering this Loss/Damage? YES NO

If insured, provide name of insurer

VALUE OF ALL PROPERTY INSURED

Estimated total value of all property insured under the policy P

When last valued? Y Y Y Y M M D D

DECLARATION BY INSURED PERSON

I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

Signature of Insured Person

Capacity

Date Y Y Y Y M M D D

PLEASE COMPLETE STATEMENT

STATEMENT OF PROPERTY LOST, STOLEN OR DAMAGED
N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.

Number	Description	Date acquired	From whom purchased or acquired	Current replacement value	Deduction for wear and tear or depreciation (if applicable) or value of salvage	Amount claimed