

**CHAMPIONS INSURANCE COMPANY (PVT) LTD**  
**CLAIM FORM**  
FOR ALL RISK, FIRE, MONEY, HOUSEHOLDERS, HOUSEOWNERS, BURGLARY,  
COMBINED, SPECIAL PERILS

BROKER/AGENCY.....POLICY NO. .... CLAIM NO.....

**1. THE INSURED**

Title ..... First Name ..... Surname .....

ID Number ..... Bank ..... Account No. ....

Address .....

Occupation or business ..... Telephone No. Home ..... Business.....

2.Address at which the loss or damage occurred .....

3.When did the loss or damage occur? Date ..... Time .....h.....(eg. 15h30)

4.Describe fully how the loss or damage occurred .....

5.Have you previously suffered a loss? .....Full description of previous claims/loss .....

6.Were the premises occupied at the time of the loss or damage? .....If not, when was it last occupied.....

7.How were the premises occupied at the time of the loss or damage? .....

8.Was the loss or damage reported to the police? ..... If not, why not? .....  
If so, when and where ..... Z.R. Police reference no. ....

9.Are you the sole owner of the lost or damaged property? .....If no, give full particulars of other parties concerned .....

10.Is there a bond on the property? .....Name of bond holder .....

11.What is your estimate value of the entire contents at the time of the loss or damage? \$ .....

12.What is your estimate value of the building(s) at the time of the loss or damage?\$ .....

13.Has the building(s) a thatch roof? .....

14.Is the lost or damaged property insured under any other policy? .....If so, give full particulars .....

I/We warrant the truth of the answer to the above questions and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

SIGNED AT ..... ON .....

SIGNATURE OF INSURED .....

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**