

WFDR Risk Services (Pvt) Ltd
Create | Grow | Protect
Info@wfdr.co.zw
www.wfdr.co.zw

Harare - Ground Floor, West Wing, Block 3, Celestial Park,
Borrowdale Road, Borrowdale, Harare
Bulawayo – 22 clark Road, Surburbs
P.O Box 1495, Bulaway0

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
	Telephone No. Home Business Business
GENERAL	Date of LossTime /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 No
IMPORTANT	Full names of person reporting the loss to the police
PLEASE RETURN WITHIN 14 DAYS OF DATE OF LOSS	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
	Address of building
unoccupied during	Was it occupied at time of loss? If unoccupied and a residence, for how many days has it been g the current period of insurance
If property was sto	olen N.B. Access by domestic workers does not count as occupation. How was entry effected?
please state	What damage was sustained to the building?
	Which rooms were entered?
	State make, type and Registration number of vehicle
	Where was it parked at time of theft?
If property was sto	Olen Were the doors and boot locked and windows losed?
please state	How was entry gained?
	What damage did the vehicle sustain?

	Where in the vehicle was property left?
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?
If Claim is for a cellular phone Please state	Cell No
Please give a full descr	N.B. Please supply de-activation letter from network service provider iptiuon of the circumstances of loss:

STATEMENT OF CLAIM	 Please note that all columns must be completed. 	
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Description of article (please state serial no's. or any other identifying marks	Date and Place of purchase	Price Paid	Replacement Price	Deduction for depreciation	Amount claimed
	TOTALS				
	TOTALS				

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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