

Bryte Risk Services Botswana

B.I.C.B Limited trading as Bryte Risk Services Botswana

A Fairfax Company

Registration number: BN2017/6844 VAT number: CO0754501112

Head Office: Fairscape Tower, Building 2, Section 19 A & D, 7th Floor, Fairscape Precinct, Plot 70667. PO Box 1221, Gaborone, Botswana

Sales Office: Office 3, 1st Floor, Tebo House. PO Box 670, Francistown, Botswana

Please complete this form in BLOCK CAPITALS and send it to your broker or to Bryte Risk Services Botswana

Policy number		Item number	
Insured's name			
Address			
Telephone number			
1. Description of article lost or damaged (full particulars to be provided on page 2)			
2. Place of loss			
3. State amount claimed			
4. Time and date of loss?			
5. Time and date when insured became aware of loss?			
6. By whom was the loss discovered?			
7. a. Are you the sole owner of the lost or damaged property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
b. If not, give names and addresses of others interested			
8. Is the loss or damage covered by any other insurance?			<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Describe the manner in which the loss or damage occurred			
10. Was the loss reported to the police?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is so, please state:			
a. District of Policy Authorities			
b. Date reported			
11. What steps are being taken to prevent a recurrence of the loss?			
12. Have you any further information that might be of interest to the Company?			<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you previously sustained any theft or loss or damage to property?			<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Was a claim made upon any Company or Underwriters?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, give name, date, nature of loss and amount paid			
<p>I/We _____ do hereby affirm and declare that the above statements and the statements and particulars contained within are in all respects true and complete, and are made without reservation of any kind; and in accordance with the said particulars I/we claim the sum of P _____</p> <p>I/we do further affirm and declare that, to my/our knowledge, except as specified to the contrary within, no other person that myself/ourselves has any interest whatsoever in the said property, and there are no other insurances in respect of loss by theft effected on the said property by me/us, so far as I/we am/re aware, by any person except as stated above.</p>			
Dated at _____ on this _____ day of _____			
Signature of claimant			

STATEMENT OF CLAIM

NOTE: The amount to be claimed on any article is limited to the actual intrinsic value of the article at the time of the loss.

Full description of article	Name and address of owner	Date when bought or presentation	Name and address where purchased or if a gift, name and address of giver	Cost price (vouchers to be produced if available)	Deduction for age, use or wear and tear	Amount claimed being the value of the property at the time of the loss	Remarks

NB: In all cases, the statement must be furnished in detail