

BOTSWANA



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 |  |  |  |  |  |  |  |  | aim | num |  |  |  |  |  |  |  |
|---------------|--|--|--|--|--|--|--|--|-----|-----|--|--|--|--|--|--|--|
| Broker/Agent  |  |  |  |  |  |  |  |  |     |     |  |  |  |  |  |  |  |

#### **DETAILS OF INSURED**

| First name(s)          |  |  |  |  |  |  |    |       |        |       |     |      |  |  |  |  |  |  |  |
|------------------------|--|--|--|--|--|--|----|-------|--------|-------|-----|------|--|--|--|--|--|--|--|
| Surname                |  |  |  |  |  |  |    |       |        |       |     |      |  |  |  |  |  |  |  |
| Address                |  |  |  |  |  |  |    |       |        |       |     |      |  |  |  |  |  |  |  |
|                        |  |  |  |  |  |  |    |       |        |       |     |      |  |  |  |  |  |  |  |
| Business or occupation |  |  |  |  |  |  |    |       |        |       |     |      |  |  |  |  |  |  |  |
| Telephone number       |  |  |  |  |  |  | VA | T reg | gistro | ation | num | nber |  |  |  |  |  |  |  |

### **DETAILS OF LOSS/DAMAGE**

| Date of loss/damage                                    | Y      | Y      | Y    | Y     | Μ      | Μ     | D      | D    |       |       |       |      |        |       | V    | /hen  | was | loss | /da | mag | e dis | cove | ered | Y | Y | Y   | Y | Μ | Μ | D  | D |
|--|--------|--------|------|-------|--------|-------|--------|------|-------|-------|-------|------|--------|-------|------|-------|-----|------|-----|-----|-------|------|------|---|---|-----|---|---|---|----|---|
| Time of loss/damage                                    |        |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |
| Address where<br>loss/damage<br>occurred               |        |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |
| Were premises occupi                                   | ed?    |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   | YES |   |   | ľ | NO |   |
| By whom?   |        |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |
| Purpose of occupation                                  |        |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |
| Describe fully how the                                 | loss   | or do  | amag | ge oo | ccurr  | ed.   | (If ap | plic | able  | state | e ho  | w er | ntry v | vas g | gain | ed to | pre | mise | s.) |     |       |      |      |   |   |     |   |   |   |    |   |
| Was the burglar alarm<br>If loss/damage was ca<br>Name |        |        |      | her p | party. | , ple | ase I  | orov | ide ı | name  | e and | d ad | ldres  | 5.    |      |       |     |      |     |     |       |      |      |   |   | YES |   | ] |   | NO |   |
| Address  |        |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |
|  |        |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |
| Have you previously s                                  | uffere | d a l  | oss/ | 'dam  | age    | Ś     |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   | YES |   |   | ľ | NO |   |
| If "YES", please provid                                | de de  | tails. |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |
|  |        |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |
| If insured, providename of insurer                     |        |        |      |       |        |       |        |      |       |       |       |      |        |       |      |       |     |      |     |     |       |      |      |   |   |     |   |   |   |    |   |

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| POLICE REPOR     | Т |  |  |  |  |  |  |  |  |  |  |  |    |      |    |      |   |   |   |   |   |   |   |   |
|------------------|---|--|--|--|--|--|--|--|--|--|--|--|----|------|----|------|---|---|---|---|---|---|---|---|
| Station name     |   |  |  |  |  |  |  |  |  |  |  |  |    |      |    |      |   |   |   |   |   |   |   |   |
| Reference number |   |  |  |  |  |  |  |  |  |  |  |  | Da | te i | ep | orte | d | r | 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 | Р |  |  |  | • |  |
|--|---|--|--|--|---|--|
| Vhen last valued? 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<br>Insured Person |   |   |   |   |   |   |   |   |  |  |  |
|--------------------------------|---|---|---|---|---|---|---|---|--|--|--|
| Capacity                       |   |   |   |   |   |   |   |   |  |  |  |
| Date                           | Y | Y | Y | Y | M | M | D | D |  |  |  |

## PLEASE COMPLETE STATEMENT

| N.B. Claims in r |               |                                     |  | lder′s estimate.  |   |
|------------------|---------------|-------------------------------------|--|---|---|
| Description      | Date acquired | From whom<br>purchased or acquired  | Current<br>replacement value                               | Deduction for<br>wear and tear<br>or depreciation<br>(if applicable) or<br>value of salvage | Amount claimed  |
|                  |               |                                     |  |   |   |
|                  |               |                                     |  |   |   |
|                  |               |                                     |  |   |   |
|                  |               |                                     |  |   |   |
|                  |               |                                     |  |   |   |
|                  |               |                                     |  |   |   |
|                  |               |                                     |  |   |   |
|                  |               |                                     |  |   |   |
|                  |               | N.B. Claims in respect of damage to | N.B. Claims in respect of damage to buildings must be acco | Description Data acquired From whom Current   | N.B. Claims in respect of damage to buildings must be accompanied by a builder's estimate.   Description Date acquired   From whom purchased or acquired Current replacement value (if applicable) or |