

Western Insurance Botswana
Private Bag BO256, Gaborone
Masa Centre
Office 1D, First Floor
Western Commercial Road
Tel: +267 3710617 Fax: +267 3710618
Email: claims@westnat.co.bw



All Risk Claim Form

Details of Insured

Name of Insured: _____ Policy Number: _____
Phone Number: (W) _____ (H) _____ (C) _____
Address: _____ Email: _____
VAT number _____ Broker/Agent _____

Incident Details

Brief Description of circumstances surrounding the loss : _____

Date and Time of incident _____ Place of Loss _____
When was the loss discovered and by whom? _____
When was the property claimed for last seen by you? _____
Date and time Reported _____ Police Station _____
Name of investigating officer _____ Case No _____
Is the theft, loss or damage covered by any insurance or underwriters? If so, give name, date and nature of loss and amount paid

Have you any information that is crucial to the investigation of the stolen, lost or damaged property claimed for?
If yes, please provide details _____

Have you previously sustained any theft, loss and damage to the property?
If you have responded Yes to the above, give full description of the nature and circumstances of the loss _____

Declarations

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I/We declare that to the best of my/our knowledge the above statement is true. I acknowledge that the information set above is provided freely so that Western may process my claim and give the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on recorded and any additional information obtained from other sources to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

Insured's signature _____

Date

D	D	M	M	Y	Y	Y	Y
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