



MAYFAIR INSURANCE BOTSWANA

Plot 64511 First Floor Mmila House, Fairgrounds
Gaborone, Botswana

ALL RISKS CLAIM FORM

1.INSURED

Name:.....

Mobile No. (Main).....

Mobile No. (Alternative)

Residential Address.....

Street/Road.....

P.O. Box.....

Town/City.....

Email.....

Business/ Occupation.....

2. POLICY

Policy Number.....

Period of Insurance; From (..../..../.....)

To (..../..../.....)

3.ITEM

Make & Model.....

Year of Manufacture.....

Sum insured.....

Year of Purchase.....

Current market value allowing for wear and tear.....

4. DAMAGE/THEFT

Date of Loss..../..../..... Place of Loss

Description of loss.....
.....
.....
.....

5.DECLARATION

I/We declare that to my/our knowledge that the answers and particulars given in this Claim Form are true and complete and that I/we have not withheld any material information. I/We have also read and understood that this Claim Form and Declaration shall be the basis of the Contract between me/us and Mayfair Insurance Botswana.

Date.....

Signature of Insured.....