



## HEAD OFFICE

Plot 175 Parirenyatwa Road, Rhodespark  
- Lusaka - Zambia  
Tel : +260 211 239865/6 - Tele/Fax: +260 211 239867  
E-mail : info@aplusgeneral.co.zm

### **CLAIM NOTIFICATION FORM**

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#### **DETAILS OF INSURED**

Name: Mr./Ms./Mrs./ Dr: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Class of license: \_\_\_\_\_ Expiry date of insurance: \_\_\_\_\_

#### **DETAILS OF INSURED PROPERTY**

Make of vehicle/Location of property: \_\_\_\_\_

Vehicle registration number/Property plot number: \_\_\_\_\_

Description of loss or damage to property: \_\_\_\_\_

#### **DETAILS OT ACCIDENT/LOSS**

Date of loss/accident: \_\_\_\_\_

Place of loss/accident: \_\_\_\_\_

Is there a third party involved? \_\_\_\_\_

Police station where loss/accident was first reported: \_\_\_\_\_

Date and time reported: \_\_\_\_\_

Report received by: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Report received from: \_\_\_\_\_ Cell: \_\_\_\_\_