



**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

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**CLAIM NOTIFICATION FORM**

**00025**

Date of notification: \_\_\_\_\_

Name of claimant: \_\_\_\_\_

Type of cover: \_\_\_\_\_

Date & Time of loss/Accident: \_\_\_\_\_

Policy/Cover note number: \_\_\_\_\_

Description of loss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE:** Kindly note that we will start processing your claim once all the necessary documents have been availed to us.

**DECLARATION**

I/We hereby declare the foregoing particulars to be True in Every Respect.

I/We undertake to render the Company all possible assistance in dealing with this matter.

Signature.....

Date...../...../.....