

HEAD OFFICE

Plot 175 Parirenyatwa Road, Rhodespark - Lusaka - Zambia Tel : +260 211 239865/6 - Tele/Fax: +260 211 239867

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CLAIM REQUIREMENTS

- 1. Original police report
- 2. Copy of certificate of Insurance
- 3. Postmortem report
- 4. National Registration Card of administrator
- 5. National Registration Card of Deceased
- 6. Letter of demand
- 7. Letter of appointment of administrator
- 8. Admission of guilt form from insured
- 9. Driving license of driver at the time of the accident
- 10. Burial permit/death certificate