



Alliance Insurance Corporation Limited

Registered & Head office: 7th Floor Exim Tower, Ghana Avenue, Dar Es Salaam, Tanzania

'ALL RISKS' CLAIM FORM

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY ON THE PART OF COMPANY.
(Please answer all questions as fully as possible)

Name of Insured: _____

Private Address: _____ Tel. No.: _____

Business Address: _____ Tel. No.: _____

E-mail Address : _____

Policy No.: _____

1.	Has the property been stolen, lost or damaged:	
2.	When was the theft, loss or damage discovered and by who,? Please state date and time.	
3.	State the circumstances under which the theft, loss or damage occurred.	
4.	When and where was the property last seen by you?	
5.	If the property has been stolen do you suspect anyone? If so whom?	
6.	If the property has been lost or stolen give the date that the Police were informed and the name of the Police Station. (Note: It is essential that prompt notification of any theft or loss be given to the nearest Police Station.	

Head Office:
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7.	Are you the sole owner of the property? if not please give name of owner.	
8.	If the property in question is not specifically Insured under the policy but forms part of a miscellaneous item please state the present value of all the property covered under the same item.	
9.	Is the property covered under any other Insurance? If so please give full details.	
10.	have you sustained any previous losses by fire or theft? Is so please give full details together with the name of any Insurance Company dealing with the loss.	

FULL INFORMATION REGARDING THE LOST, STOLEN OR DAMAGED ARTICLES MUST BE FURNISHED INCLUSIVE OF ITEM DESCRIPTION, INSURED VALUE, COST OF DEPRECIATION IF POSSIBLE.

I hereby warrant the truth of the above statements and of the information shown in the statement of claim.

DATE:-----

SIGNATURE OF INSURED

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