



Phoenix
Of Zambia Assurance Company (2009) Limited
P.O. Box 36880, 1st Floor, NWASCO House, Plot 164, Mulombwa Close,
Fairview, Lusaka, Zambia
Tel: (260) 211 233956 Fax: (260) 211 235394 Email: info@phoenixzambia.com

Contractors All Risks Claim Form

POLICYHOLDER

Name/Insured			
Policy number			
Address			
Daytime telephone number		Occupation	
E-mail address			
Are you VAT registered?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

THE EVENT

Date	Time	am/pm
Location		
State fully the circumstances of the loss/damage		
What precautions against loss/damage were taken?		
Were the Police contacted?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, Police Crime Number
Address of Police Station	Date contacted	
Where there any witnesses to the event? Give names & addresses		
Was any party negligent? Give details		

GENERAL DETAILS

Are you the owner of the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, who is?	
Who was the property hired from/to?			
Details of any other interested party			
Describe the nature & extent of the damage?			
Where can the damaged property be seen?			
Are there any other insurances on this property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, give details	



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Digitized by srujanika@gmail.com

Have you previously made any claims for property damage? (If yes, give details)	Yes	No
Have you or any director/partner been convicted for arson, theft or dishonesty (if yes, give details)	Yes	No

THE CONTRACT

Please give details of

The nature of the contract	
The contract conditions	
The value of the contract	
The maximum value of any one building	
The maximum number of storeys	
If sub-contractors or outside parties involved, give full details	

THE PROPERTY (continue on separate sheet of paper if necessary)

Where applicable, attach estimates for repair or replacement, but do not delay submission of this form if not immediately available. Damaged property should be retained for inspection if required.

TOTAL

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DECLARATION

Insurers share information with each other to prevent fraudulent claims and for underwriting purposes. The information you supply on this form, together with the information you have supplied on the proposal form and other information relating to the claim, may be provided to other Insurers.

The submission of a bogus or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a claim, may invalidate the whole claim and lead to your policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

Signature of Policyholder _____ Date _____