



*HEAD OFFICE: Ground Floor; Insurance Centre, 30 Samora Machel Avenue, P.O. BOX 1256, Harare, Zimbabwe  
Tel: 263-4-704911-4, Fax: 263-4- 704134 Email: info@nicozdiamond.co.zw  
Website: www.nicozdiamond.co.zw*

## LIABILITY CLAIM FORM

Policy No ..... Claim No .....  
(Please answer questions fully)

### INSTRUCTIONS

1. Complete this form in detail and return it to the Company without delay
2. A person making a claim against you **must be** advised that you are insured or as to the terms and extent of your insurance
3. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company
4. The Company will subject to the terms and conditions of the Policy undertake your defence in any legal action and all notices or advice of such action must be forwarded to the Company forthwith.
5. The issue of this form must not be considered as an admission of liability on the part of the Company but is issued in accordance with the terms and conditions of the Policy.

<b>INSURED</b>	Full Name .....
	Address .....
	.....
	Business or Occupation .....
<b>PARTICULARS OF ACCIDENT</b>	Date of Accident ..... Time ..... am/pm
	Exact place where accident happened .....
	Description of any Plant or Machinery causing Accident .....
	NB – The piece of any broken plant or machinery must be preserved .
	Explain fully how Accident happened .....
	.....
<b>LIABILITY COMMENTS</b>	.....
<b>THIRD PARTY DETAILS</b>	Name of Person injured or Owner of property damaged.....
	Address .....
	Business or Occupation .....
	Please give full
	Details of                    (i) personal Injuries                    (ii) Damage to Property of Third Parties
	.....
	Has any claim been made upon you verbally or in writing?.....
	If so, give particulars .....

	<p>.....</p> <p>.....</p> <p>Have you made any offer to settle the claim in any way? .....</p>
<b>WITNESSES</b>	<p>Did the police take particulars? ..... If so, give Name and No. of Constable</p> <p>.....</p> <p>Please give Names and Address of any witnesses. (if none were obtained, please state whether any were available and reason for not obtaining particulars)</p> <p>.....</p> <p>.....</p> <p>.....</p>

**PROPERTY OWNERS**  
(to be completed only if claim is under a Property Owners' Policy)

Name and Address of your Tenant .....  
.....  
.....  
Nature of Tenancy ..... Period: Monthly/ Quarterly/ Annually  
If so, what steps had been taken to remedy them? .....

**OTHER INSURANCES**

Have you any other insurances in force in respect of this occurrence? If so, give full particulars .....

**SKETCH PLAN** (to be completed whenever applicable)

-

I/We hereby declare that the above statements are true to the best of my/our knowledge and belief and I/We claim in respect thereof the protection secured by my/our Policy.

Date .....

Signature .....

**WARNING: INSURANCE FRAUD IS A CRIME**