



NICOZDIAMOND
INSURANCE LIMITED
You never know what will happen

Head Office, Insurance Centre, 30 Samora Machel Avenue, P.O. Box 1256, Harare, Zimbabwe
Tel: 263-4-701133, 704911-4, 700346, Fax: 263-4-704134, 700083

The Officer /Member In Charge
Z.R.Police

DATE:...../...../.....

.....
.....

RE: CLAIM NO:.....

Would you please be kind enough to return the original of this form completed as appropriate.

INFORMATION SUBMITTED TO US

OFFICE/MEMBER IN CHARGE –REPLY

Name of Person who advised Police

Please advise:

.....

If reported to you: **YES/NO**

Physical address of above-named

Lost/Stolen Property Book No:.....

.....

Crime Register Ref:.....

.....

Station :..... Section:.....

Name & Address of Company or Individual
Owning or in lawful custody of items

Value of Property advised to you \$.....

.....

Name of accused (if applicable).....
In case of theft or house burglary

.....

Date reported to Police:
Police Station:

Method of entry:.....

.....

If property advised as stolen does not agree with the
list opposite /attached state difference

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Date of loss/Accident / /
Place of loss/Accident / /

.....

.....

Brief details of loss/Accident (Including list of
Items stolen if applicable)

Has any of the property been recovered, if so give
details.

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Have you noted our interest in the event of a
recovery. **YES/NO**

.....

Signature:.....

.....

Name:.....

.....

Rank:.....Number:.....

(use separate sheet for more details)

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

WARNING: INSURANCE FRAUD IS A CRIME

