



Plot No. 1131, Parirenyatwa Road, Fairview, Lusaka
 P O Box 32825, LUSAKA, ZAMBIA.
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NICO INSURANCE ZAMBIA LIMITED

PRODUCTS LIABILITY CLAIM FORM

The issue of the form does not imply admission of liability on the part of this company.
 All questions must be answered fully – Ticks and Dashes are not Acceptable.

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|--|
| Name of the Insured..... |
| Full Address..... |
| Business or Occupation:..... |
| Fax No.:.....E-mail Address:..... |
| Telephone No. (Private).....Telephone No. (Bus)..... |
| Policy No..... |

| | |
|--|---------------------------------------|
| 1. (a) When did the Incident occur? (b) Where did the Incident occur? (c) Explain fully how the Incident occurred | 1. (a) (b) (c) |
| 2. Give Names and Addresses of witnesses (if any) | 2. |
| 3. (a) Was the Incident reported to Police? (b) If yes, (i) Name the Police Station (ii) Give the Date Reported (iii) Name the person who reported to Police | 3. (a) (b) (i) (ii) (iii) |
| 4. (a) Were persons injured? If yes, provide full details on page 2 | (a) Yes/No |
| 5. (a) Was any property damaged? If yes, provide full details on page 2 | (a) Yes/No |
| 6. (a) Have you received Notice of a Claim? (b) If yes, provide full details and attach to this form any correspondence received | (a) Yes/No (b) |
| 7. (a) Have you admitted Liability? (b) Do you think you are Legally Liable? | (a) Yes/No (b) Yes/No |
| 8. (a) Are there any other Insurances covering this Accident? (b) If yes, give name of the Insurance Company | (a) Yes/No (b) |

DECLARATION

I/We hereby declare that the above information in all respects True and Correct.

Signature of Claimant:..... Date:.....

A. DETAILS OF AFFECTED PERSONS

| NAME | OCCUPATION | AGE | NATURE OF ILLNESS/INJURY | FULL ADDRESS |
|------|------------|-----|--------------------------|--------------|
| | | | | |

B. DETAILS OF PROPERTY DAMAGED IF ANY

| QUANTITY | DESCRIPTION OF PROPERTY | EXTENT OF DAMAGE | ESTIMATED COST OF DAMAGE | OWNERS NAME AND FULL ADDRESS |
|----------|-------------------------|------------------|--------------------------|------------------------------|
| | | | | |

FULL DESCRIPTION OF CIRCUMSTANCES LEADING TO THE CLAIM
