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# NICO INSURANCE ZAMBIA LIMITED

## MONEY CLAIM FORM

The issue of this form does not imply admission of liability on the part of the Company.

All questions must be answered Fully. Ticks and Dashes are not Acceptable.

Name of the Insured: .....

Full Address: .....

Telephone: .....

Policy Number: .....

1. Is the Money missing, Lost or Stolen?	
2. When did the Loss occur?	DATE:
3. Where did the Loss occur?	
4. State fully the circumstances under which the Loss occurred	
5. At what Place, Date and Time was the Money last seen by you?	Place: Date: <span style="float: right;">Time:</span>
6. Are you the sole owner of the Money? If not, whose Money was it	Yes/No
7. (a) Have Police been notified (b) If yes, give (i) Name of the Police Station (ii) Date of Notification (iii) Name of person who notified the Police	(a) (b) (i) (ii) (iii)
8. (a) Do you suspect someone to have been connected with the Loss of Money? (b) If yes, give his Name and Address	(a) (b)
9. (a) Has any Money been recovered? (b) If yes, how much? (c) If not what steps have been taken to recover the Money?	(a) Yes/No (b) (c)

10. (a) Are there any other Insurances on the money claimed for? (b) If yes, give name of Insurance company and Policy Number	(a) Yes/No (b)
11. Give full details of the Amount of the Loss.	Cash .....K Cheque .....K Postal/Money Orders .....K _____ Total _____

I/We hereby declare that all statements on this form are in all respect True and Correct.

SIGNATURE OF CLAIMANT ..... DATE .....