



Phoenix
Of Swaziland Assurance Company Ltd.
P.O. Box A113 Swazi Plaza, Corporate Place, Mbabane H101, Swaziland
Email: info@phoenixswaziland.com

FIRE CLAIM FORM

ALL QUESTIONS MUST BE ANSWERED FULLY
DASHES OR TICKS ARE NOT ACCEPTABLE

1.	NAME OF INSURED:
2.	ADDRESS :.....
3.	POLICY NO:
4.	STATE
(a)	Address of premises where Damage occurred
(b)	State as fully as possible how the Loss Occurred
(c)	Date and Time of Damage
(d)	Were the premises unoccupied if so, how long?
(e)	In case of impact, Name and Address of Third Party
5.	(a) Are you the sole owner of the property
	(b) If not give Name of other interested Parties
6.	Are there any other Insurances in force in respect of the property mentioned on this form?
7.	Particulars of any previous claims for Fire Explosion, Riot, Storm, Impact

(The attached side of this form must also be completed)

STATEMENT OF CLAIM

FULL DESCRIPTION OF PROPERTY DAMAGED	COST PRICES	DATE OBTAINED	VALUE AT TIME OF LOSS	VALUE OF SALVAGE	VALUE CLAIMED	REMARKS