REPORT FORM FOR FIRE, BURGLARY AND ALL RISKS POLICIES

1. Name of Insured ___________________________________________________________

2. Address: (Private) ________________________________________________________ Tel No. ______________________

3. Address: (Business) _____________________________________________________ Tel No. ______________________

4. Trade or Occupation (if more than one, state all) ____________________________

5. Situation of premises or place where loss or damage occurred __________________

6. Date of loss or damage ___________________________ Time: ______ am/pm.

7. Explain fully how the loss or damage occurred:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

8. ADDITIONAL QUESTIONS FOR THEFT, BURGLARY AND ALL RISKS CLAIMS
(a) When was the loss or damage discovered? Date: ________________________ Time: ______ am/pm.
(b) By whom was the discovery made? ________________________________________
(c) When was the property last seen? Date: ________________________ Time: ______ am/pm.
(d) By who was it last seen? ________________________________________________
(e) When were the Police notified? _______________________ Address of Police Station ______________
(f) Have any other steps been taken to recover the property? ___________________
(g) What was the total value of the contents of the premises at the time of the theft? 
__________________________________________
(h) What anti-theft precautions are employed in connection with
   (a) Exterior doors __________________________________________________________
   (b) Interior doors __________________________________________________________
   (c) Windows ______________________________________________________________
   (i) What further anti-theft measures do you intend to employ following this loss?  
_____________________________________________________________________
_____________________________________________________________________

   (j) Was a security guard on duty at the material time?
   If so, please state name of security company engaged __________________________

   (k) Were the premises unoccupied? Yes/No. If so when were they last occupied? 
_____________________________________________________________________

9. Have you ever sustained a loss or claimed against any insurer for any of the risks included in the Policy under which this claim is made? If so, give particulars __________________________________________
_____________________________________________________________________
_____________________________________________________________________

10. Are you the sole owner of the lost, damaged or destroyed property? If not, state the name(s) of any other interested parties and the nature of their interest ____________________________________________________
_____________________________________________________________________
_____________________________________________________________________

(The issue of this form is not an admission of liability)

ICEA LION GENERAL INSURANCE COMPANY (TANZANIA) LTD
P.O. BOX 1948 DAR ES SALAAM
TEL: 2774999/2775039/2775059
FAX: 2775094
EMAIL: insurance@icealion-tz.com

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**Statement of Claim**

**Please note:**

i) No damaged property should be reinstated repaired or disposed of without the agreement of the Company.

ii) The amount claimable is limited to the sum insured or the value of the property at the time of loss — whichever is the lesser.

iii) The insured should provide:

   (a) Purchase invoice or receipt of lost/damaged item.
   
   (b) Replacement or repair invoice/receipts. If lost/damaged item not replaced or repaired, 3 quotations.

<table>
<thead>
<tr>
<th>Description of each item of property</th>
<th>Date Purchased or received</th>
<th>Name of the owner</th>
<th>Replacement Cost</th>
<th>Depreciation for age use wear and tear</th>
<th>Amount Claimed</th>
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| Total amount claimed                |                           |                   |                 |                                        |                |

It is hereby declare that the property described above has been actually lost, stolen or damaged in accordance with the particulars given and that all statements on this form are to the best of my/our knowledge complete and correct.

Date .................................. Signed by or on behalf of the Insured .............................................

Name of person signing ..........................