

AGENT _____

CLAIM _____

**NATIONAL INSURANCE CORPORATION
OF TANZANIA LTD.**
P.O. Box 9264 DAR ES SALAAM
(INCORPORATED IN TANZANIA)



FIRE CLAIM FORM

The Issue of this form is not to be taken as admission of liability.

1. Name of Insured.		
2. Address		
3. Policy/Policies	4.	Amount Shs.
5. Time of loss.	6.	Date of loss
7. Place of loss.		
8. How loss occurred.		
9. Total Value of Property at time of loss		
10. Are you sole owner? if not state joint owner & amounts.		
11. Other Insurances on this property.		

Amount	Policy No.	Company

The undersigned being the insured under the above Policy/Policies hereby declares that the details. Appended hereto are a full true and correct statement of the insurances in force and the loss sustained and that the amounts claimed in respect of each and all of the several articles or items of property damaged or destroyed as listed overleaf constitute the market value at the time of loss or damage and exclude all profit of whatsoever kind.

Witness

Signature

Date

Date

AGENTS REMARKS

DESCRIPTION OF PROPERTY LOST OR DAMAGED	YEAR PURCHASED OR BUILT	COST PRICE	MARKET VALUE AT TIME OF FIRE	VALUE OF SALVAGE	AMOUNT CLAIMED