

All Risk Claim Form

Insureds' Details

Name of Insured:	<input type="text"/>		Policy Number:	<input type="text"/>
Phone Number: (W)	<input type="text"/>	(H) <input type="text"/>	(C) <input type="text"/>	
Physical Address:	<input type="text"/>			
Postal Address:	<input type="text"/>		Email:	<input type="text"/>
Vat Number	<input type="text"/>		Broker/Agent:	<input type="text"/>

Incident Details

Brief Description of circumstances surrounding the loss :	<input type="text"/>		
<input type="text"/>			
Date and Time of incident	<input type="text"/>	<input type="text"/>	Place of Loss <input type="text"/>
When was the loss discovered and by whom?	<input type="text"/>		
When was the property claimed for last seen by you?	<input type="text"/>		
Date and time Reported	<input type="text"/>	<input type="text"/>	Police Station <input type="text"/>
Name of investigating officer	<input type="text"/>		Case No <input type="text"/>

Is the theft, loss or damage covered by any insurance or underwriters? If so, give name, date and nature of loss and amount paid

<input type="text"/>	
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Have you any information that is crucial to the investigation of the stolen, lost or damaged property claimed for?

If yes, please provide details Yes No

Have you previously sustained any theft, loss and damage to the property? Yes No

If you have responded Yes to the above, give full description of the nature and circumstances of the loss

<input type="text"/>	
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Items Claimed

Declarations

- I/We declare that to the best of my/our knowledge the above statement is true.
- I acknowledge that the information set above is provided freely so that Lords Insurance may process my claim and give the terms and conditions contained in the policy wording.
- I herewith give my consent that Lords Insurance (Pty) Ltd may use this information, my personal information on recorded and any additional information obtained from other sources to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto.

Name & Surname

For more information, contact the Office of the Vice President for Research and the Office of the Vice President for Student Affairs.

Signature

Figure 1. A schematic diagram of the experimental setup.

Date

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Consent Form - Data Protection and Confidentiality

Lords Insurance (Pty) Ltd is committed to protecting your personal information in accordance with Data Protection Act (2024). All personal information provided by you will be treated with high level of confidentiality and solely for purpose related to your insurance policy.

We will not disclose your personal information to any third party without your consent, except in the following cases,

1. When required or permitted by law or regulatory authorities.
2. For the purpose of administering your policy, including claims processing and risk assessment.
3. Where necessary to protect the legitimate interest of Lords Insurance (Pty) Ltd, provided such disclosure is compliant with Data Protection Act (2024).4

By accepting this contract, you consent to the collection, processing and sharing of your personal information as outlined above.

If you wish to update or request access to your personal data, please contact our Data Protection Officer at:

Tel: **+267 3960214**

Email: info@lordsinsure.co.bw

Client Name:

Client Signature:

Date: