



SPECSURE CLAIM FORM

PLEASE COMPLETE IN BLOCK LETTERS & TICK WHERE APPLICABLE

SECTION I: INSURED'S DETAILS

Name of insured:

Physical address:

Postal address:

Telephone Number:

Mobile Number:

Email address:

SECTION II: DETAILS OF PRESCRIPTION SPECTACLES

Currency insured:

USD

ZWG

Brand of Spectacles:

Frame colour:

Issued by:

Issue Date:

dd/mm/yyyy

Expiry Date:

dd/mm/yyyy

SECTION III: DETAILS OF THEFT OR DAMAGE

Type of loss:

Theft

Damage

If theft, have you acquired and attached police report to claim? Yes No

If damage, have you acquired and attached 3 quotations for repair to claim? Yes No

Place where loss / damage occurred:

Date of loss / damage:

dd/mm/yyyy

Provide details of loss / damage:

DECLARATION

I/We warrant the truth of answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Name:

Signature:

SIGN HERE

Date:

dd/mm/yyyy