



**REUNION INSURANCE COMPANY**

Reunion House, Maselema  
Masauko Chipembere Highway  
Private Bag 242,  
Blantyre, Malawi.

Tel: +265 1 874 006/007/008

Fax: No. +265 1 874 008

E-mail: [reunion@reunioninsurance.com](mailto:reunion@reunioninsurance.com)

**FIRE CLAIM FORM**

1. NAME OF INSURED : .....

2. ADDRESS : ..... TELEPHONE NO.: .....

3. POLICY NO:.....

4. STATE

(A) ADDRESS OF PREMISES WHERE DAMAGE OCCURRED

(A).....

(B) AS FULLY AS POSSIBLE HOW THE LOSS OCCURRED

(B).....

(C) DATE AND TIME OF DAMAGE

(C).....

(D) WERE THE PREMISES UNOCCUPIED IF SO FOR HOW LONG?

(D).....

(E) IN CASE OF IMPACT NAME AND ADDRESS OF THIRD PARTY

(E).....

5. (A) ARE YOU THE SOLE OWNER OF THE PROPERTY?

(A).....

(B) IF NOT GIVE NAME OF OTHER INTERESTED PARTIES

(B).....

6. ARE THERE ANY OTHER INSURANCES IN FORCE IN RESPEC OF

THE PROPERTY MENTIONED ON THIS FORM?	.....
7. PARTICULARS OF ANY PREVIOUS CLAIMS FOR FIRE PLOSION RIOT STORM IMPACT	.....

I/We hereby declare that the above details are in all respects true

.....  
DATE

**Head Office – Blantyre**  
Reunion House,  
Masauko Chipembere Highway  
Tel.: +265 (0) 1 874006/007  
Fax: +265 (0) 1 874008  
E-mail: [reunion@reunioninsurance.com](mailto:reunion@reunioninsurance.com)  
[reunionza@reunioninsurance.com](mailto:reunionza@reunioninsurance.com)

**Regional Office - Lilongwe**  
Amina House, Ground Floor  
East Wing, Chilambula Road  
Tel.: +2651757158/166  
Fax: +2651 757161  
E-mail: [reunionll@reunioninsuranc8.com](mailto:reunionll@reunioninsuranc8.com)

**Blantyre Branch**  
Umoyo House  
Tel.: +265 1 830954  
+265 1 822727  
Fax: +265 1 821 887  
E-mail: [reunion@reunioninsuranc8.com](mailto:reunion@reunioninsuranc8.com)

**Mzuzu Branch**  
Mzuzu Shopping Mall  
Tel., +265 111 997476  
+2651 312129  
E-mail: [reunionmz@gmail.com](mailto:reunionmz@gmail.com)

**Zomba Branch**  
Spar House  
Tel.: +2651 525166  
+265215000020  
Fax: +265 1 525 166  
E-mail:

**SERVICE CENTRES:** Lilongwe Old Town, Mulanje      **BORDER OFFICES:** Dedza, Mchinji, Mwanza and Songwe

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