**CLAIM FACING SHEET**

**NAME OF INSURER:** DISCOVER INSURANCE **CLAIM NO.:** DICL/CLAIM/MOTOR/0002/09/2025

**POLICY NUMBER:** COMP/2025/03/06253 **TYPE OF CLAIM:** MOTOR

**CLAIMANT:** ZENGE NYIMBILI

**INSURED ITEM:** TOYOTA RUNX BLB5327ZM

**PERIOD OF INSURANCE COVER:** 05/03/2025  **TO**: 05/03/2026

**DATE OF ACCIDENT:** 18/08/2025

**DATE CLAIM WAS FULLY DOCUMENTED:** 30/07/2025

**NARRATION:** TPMV HIT INTO OUR INSURED

**CLAIM RESERVE**: a) To Insured >>> ZMW24,708.00

 Less 10% Excess>>> ZMW2,470.80

 **b) Insurer >>>> ZMW22,237.20**

**BEAKDOWN**

Sum Insured: K100,000.00

Premium: K 5,500.00

NCD: K0.00

ITPL: K 0.00

Levy @5%: K275.00

**Total Premium:**  **K5,775.00**

**FINANCE OFFICER**: ………………………………..............................................

**PREMIUM CONFIRMATION**: …………………………………………………...**........ DATE PAID: ....................................**

**SIGNATURE: ….……………………….......**

**DATE**: ………………………......................