

CLAIM FORM FOR PROPERTY DAMAGE OR LOSS

(Applicable to Fire) Special Perils, "Home" Covers, Theft, All Risks, Money, Baggage and Glass
 The issue of this form is not an admission of liability on the part of the Company.
 All questions on this form must be answered in full

Policy No.	I. RENEWAL DATE:	Date of payment of last premium:
Insured	2. Name _____	Telephone No. _____
	3. Address _____	
	4. Business or Occupation _____	
Circumstances giving rise to claim	5. Date and time of loss _____ a.m./p.m.on _____ 20____	
	6. Where loss or damage occurred _____	
	7. Describe fully how loss or damage occurred _____ _____ _____	
General Information	8. Type of premises involved _____	
	9. Were the premises unoccupied? Yes/No. If so, when were they last occupied? _____	
	10. Are the premises self-contained? If not, name of other occupants _____	
	11. Are you owner of premises? _____	
	12. Are you responsible for repairs? _____	
	13. Have you any suspicion as to parties implicated? _____	
	14. Is there any other insurance in force providing covers for this loss? If so, give particulars including Insurers name, address and Policy No. _____	
15. Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on insurers _____ _____		
16. At the time of the loss what the value of a) the buildings? _____ b) all the property in the premises? _____		
Complete in all cases involving THEFT MALICIOUS DAMAGE or MISSING ARTICLES	17. When were Police notified? _____	
	18. Address of Police Station _____	
	19. What other steps have you taken to recover property? _____	
	20. Give full details of method of entry to premises _____	
	21. If alarm fitted, did it function properly? If so, give reasons _____	
	22. Are guards employed? If so, name of firm _____	
Complete in all cases involving loss in transit	23. Starting point and destination of transit _____	
	24. Who was accompanying property lost? _____	
	25. If employees, state age and duties _____	
	26. Are they insured under Fidelity Guarantee Policy? If so, Insurer's name, address and Policy No. _____ _____	
	27. How often is this transit made? _____	
	28. What is maximum ever carried at one time? _____	
Amount Claimed 29.	Kenya Shillings _____	Please refer overleaf for details.

I/we declare that I/we have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that articles and property described overleaf belong to me/us, and that no other person has any interest whether as owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

Date _____

Signed _____

(If Policyholder body corporate, title of person signing)

DETAILS OF AMOUNT CLAIMED

If claim is for repairable damage, give particulars of damage and a tradesman's estimate for the repairs necessary.
If claim is for irreparable damage or loss, list items below completing all columns (If Policy cover is on new reinstatement basis, the column for wear, tear and depreciation is not applicable.) Supporting estimates for replacements may be helpful.
In cases where reported to Police please furnish a Police report.

Full description of property	Where and when acquired	Replacement cost price	Deduction for Wear, Tear and Depreciation	Amount allowed for Salvage	Amount claimed