

CLAIM FORM FOR PROPERTY DAMAGE

POLICY NO. [] RENEWAL DATE [] Date of Payment of Last Premium []

SECTION 1 - PERSONAL DETAILS

1. Full Name of Insured []
2. Contact Details: (tel): [] (web): []
ID NO: [] PIN NO: []
(email): []
(postal): [] (code): [] (town/ city): []
3. Business or Occupation []

SECTION 2 - CIRCUMSTANCES GIVING RISE TO CLAIM

4. Date of Loss [] Time []
5. Where loss /damage occurred []
6. Describe fully how loss or damage occurred
[]

SECTION 3 - GENERAL INFORMATION

7. Type of premises involved. []
8. Were the premises unoccupied? If so, when were they last occupied ? Yes No
[]
9. Are the premises self-contained? If not, name of other occupants ? Yes No
[]
10. Are you responsible for repairs ? Yes No
11. Have you any suspicion as to parties implicated ? Yes No
12. Is there any other insurance in force providing covers for this loss?
If so, give particulars including insurers name, address and policy No. Yes No
[]
13. Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on insurers. Yes No
[]
14. At the time of the loss what was the value of : (a) the building ? []
(b) all the property in the premises? []

SECTION 4 - COMPLETE IN ALL CASES INVOLVING THEFT, MALICIOUS DAMAGE OR MISSING ARTICLES

15. When were the Police notified ? []
16. Address of Police Station []

17. What other steps have you taken to recover property.

[Redacted]

18. Give full details of method of entry to premises

[Redacted]

19. If alarm is fitted, did it function properly? If not, give reasons

Yes No

[Redacted]

20. Are guards employed? If so, name of firm

Yes No

[Redacted]

SECTION 5 - COMPLETE IN CASES INVOLVING LOSS IN TRANSIT

21. Starting point and destination of transit :

[Redacted]

22. Who was accompanying property lost ?

[Redacted]

If employees, state age and duties :

[Redacted]

23. Are they Insured under Fidelity Guarantee Policy?

Yes No

If so, Insurers name, address and Policy No.

[Redacted]

24. How often is this transit made ?

[Redacted]

25. What is maximum ever carried at one time ?

[Redacted]

SECTION 5 - AMOUNT CLAIMED

26. State Amount Claimed : Kshs.

[Redacted]

Please refer overleaf for details.

DECLARATION :

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, Mortgage, Trustee or otherwise except as mentioned in the Policy.

Date _____

Sign (And rubber stamp if corporate) _____

(if Policyholder is 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 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

<i>Full description of property</i>	<i>Where and when acquired</i>	<i>Replacement cost price</i>	<i>Deduction for Wear, Tear and Depreciation</i>	<i>Amount allowed for salvage</i>	<i>Amount Claimed.</i>