

## CLAIM FORM FOR FIRE DOMESTIC PACKAGE INSURANCE

POLICY NO.:

RENEWAL DATE:

Date of Payment of Last Premium :

### SECTION 1 - PERSONAL DETAILS

Full Name of Insured

Contact Details:

(tel):

(web):

ID NO:

PIN NO:

(email):

(postal):

(code):

(town/ city):

Business or Occupation

### SECTION 2 - CIRCUMSTANCES GIVING RISE TO CLAIM

Date of Loss Time

Where loss /damage occurred

Describe fully how loss or damage occurred

### SECTION 3 - GENERAL INFORMATION

Type of premises involved.

Were the premises unoccupied?

Yes No 

If so, when were they last occupied ? : \_\_\_\_\_

Are the premises self-contained?

Yes No 

If not, name of other occupants ? : \_\_\_\_\_

Are you responsible for repairs ?

Yes No 

Have you any suspicion as to parties implicated ?

Yes No Is there any other insurance in force providing covers for this loss? Yes No 

If so, give particulars including insurers name, address and policy No.: \_\_\_\_\_

Have you ever suffered similar loss or damage?

Yes No 

If so, give particulars and whether claim was made on insurers: \_\_\_\_\_

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**

When were the Police notified ?

Address of Police Station :

---

---

What other steps have you taken to recover property?

Give full details of method of entry to premises

If alarm is fitted, did it function properly? Yes  No   
If not, give reasons : \_\_\_\_\_Are guards employed? Yes  No   
If so, name of firm: \_\_\_\_\_**SECTION 5 - COMPLETE IN CASES INVOLVING LOSS IN TRANSIT**

Starting point and destination of transit : \_\_\_\_\_

Who was accompanying property lost ? \_\_\_\_\_  
If employees, state age and duties : \_\_\_\_\_Are they Insured under Fidelity Guarantee Policy? Yes  No   
If so, Insurers name, address and Policy No. \_\_\_\_\_

How often is this transit made ? \_\_\_\_\_

What is maximum ever carried at one time ? \_\_\_\_\_

**SECTION 6 - AMOUNT CLAIMED**

State Amount Claimed : \_\_\_\_\_ Kshs.

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)

