

**PROPERTY LOSS OR  
DAMAGE CLAIM FORM**

Paybill: 600112

Agency / Broker: \_\_\_\_\_

Applicable to: Fire, Domestic Package, Burglary, All Risk, Money, Glass and Goods in transit.  
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

**Insured Details**

Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Age: \_\_\_\_\_ Years Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email: \_\_\_\_\_

Financer Details (If any): \_\_\_\_\_

**Circumstances**

1. Date of loss: \_\_\_\_\_ Time: \_\_\_\_\_ AM:  PM:

2. Where did the loss or damage occur: \_\_\_\_\_

3. Describe fully how loss or damage occurred:  
\_\_\_\_\_  
\_\_\_\_\_

4. Is the premises fitted with an alarm? Yes:  No:  If yes, was it activated? Yes:  No:   
If not, explain: \_\_\_\_\_

5. Is the premises guarded? Yes:  No:  If yes, name of security firm: \_\_\_\_\_

6. Were the premises occupied? Yes:  No:  If not, when were they last occupied? \_\_\_\_\_

7. Are you the owner of the premises: Yes:  No:  If not, are you responsible for repairs Yes:  No:

8. Are there people implicated in the loss: Yes:  No:   
If yes, give details: \_\_\_\_\_  
\_\_\_\_\_

9. Is there any other insurance in force providing cover for this loss? Yes:  No:   
If yes, give particulars including insurer's name: \_\_\_\_\_  
\_\_\_\_\_

10: Have you ever suffered similar loss or damage? Yes:  No:   
If yes, give particulars including insurer involved: \_\_\_\_\_  
\_\_\_\_\_

11. Were police notified Yes:  No:

12. If yes, attach the police abstract report: \_\_\_\_\_

13. What steps have you taken to recover the lost property?

\_\_\_\_\_

\_\_\_\_\_

**Complete in all cases involving LOSS OF MONEY & GOODS IN TRANSIT**

1. Transit from: \_\_\_\_\_ To: \_\_\_\_\_

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

3. What is the maximum ever carried at one time? \_\_\_\_\_

4. Who was accompanying the property lost? \_\_\_\_\_

5. If employees, state how many? \_\_\_\_\_ Position(s) \_\_\_\_\_

6. Do you suspect involvement of the employee in the loss? Yes:  No:

7. Are they insured under Fidelity Guarantee Policy? Yes:  No:

If yes, provide insurer's details

\_\_\_\_\_

\_\_\_\_\_

**Details of Amount Claimed**

**NB:**

- 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 the items below completing all columns and attach either proforma invoice, replacement receipts or purchase receipts

Full Description of Property	Where and When Acquired	Purchase Price	Replacement Cost	Details of Salvage or Recovered Property
		<b>Total</b>		

I/We hereby declare that the whole of the statements made by me/us in claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: \_\_\_\_\_ Signature & Stamp: \_\_\_\_\_

Title: \_\_\_\_\_

(If Policy holder is body/corporate, title of person signing)

**CIC GENERAL INSURANCE LTD.**

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