

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)

