

CLAIM FORM FOR PROPERTY DAMAGE OR LOSS

Applicable to fire, special perils, 'home' covers, theft, tll 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:	Renewal date: _____ Date of payment of last Premium: _____
Insured	Name: _____ Address: _____ Telephone: _____ Business or occupation: _____
Circumstances giving rise to claim	Date and time of loss: _____ AM/PM: _____ on: _____ Where loss or damage occurred: _____ Describe fully how loss or damage occurred: _____
General Information	Type of premises involved: _____ Were the premises unoccupied? Yes/No _____ If so when were they last occupied _____ Are the premises self-contained? If not, name other occupants: _____ Are you owner of premises? _____ Are you responsible for repairs? _____ Have you any suspicion as to parties implicated? _____ Is there any other insurance in force providing covers for this loss? If so, give particulars including Insurer's name, Address and Policy No _____ _____ Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on Insurers: _____ At the time of the loss what was the value of (a) Buildings? _____ (b) All the property in the premises? _____
Complete in all cases involving theft, malicious damage or missing articles	When were 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 fitted, did it function properly? If not give reasons: _____ Are guards employed? If so, name of firm: _____
Complete in all 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? If so, Insurer's Name, Address and Policy No _____ _____ How often is this transit made? _____ What is maximum ever carried at one time? _____
Amount Claimed	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: _____ Signature: _____

(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 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