

The Heritage Insurance Company Kenya Limited CfC House, Mamlaka Road P.O BOX 30390 - 00100, Nairobi, Kenya (t) 254 20 278 3000 (f) 254 20 272 7800 (m) 0711 039 000, 0734 101 000 (e) info@heritage.co.ke (w) www.heritageinsurance.co.ke Branches: Mombasa . Eldoret . Naivasha . Nanyuki . Nakuru

	CL	AIM FORM F	OR PROPERTY	DAMAGE						
POLICY NO. Date of Payment of Last Premium										
	TION 1 - PERSONAL DETAILS									
1. 2.	Full Name of Insured     Contact Details:     (mobile):			(fax): (web):						
	(email): (postal):		(code):	(town/ cit	ty):					
SEC 3. 4.	TION 2 - CIRCUMSTANCES GIVING F Date of Loss Where loss /damage occurred	RISE TO CLAIM		Time						
5.	Describe fully how loss or damage occ	urred								
656										
SECTION 3 - GENERAL INFORMATION 6. Type of premises involved.										
7.	7. Were the premises unoccupied? If so, when were they last occupied ?									
8.	Are the premises self-contained? If not	Yes No								
9.	Are you responsible for repairs ?				Yes No					
10.	Have you any suspicion as to parties in		Yes No							
11.	Is there any other insurance in force providing covers for this loss? If so, give particulars including insurers name, address and policy No.									
12.	Have you ever suffered similar loss or o on insurers.	damage? If so, give	particulars and whe	ther claim was made	e Yes No					
13.	At the time of the loss what was the va		building ? he property in the p	premises?						
SECTION 4 - COMPLETE IN ALL CASES INVOLVING THEFT, MALICIOUS DAMAGE OR MISSING ARTICLES										
14. 15.										

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16. What other steps have you taken to recover property.			
17. Give full details of method of entry to premises			
18. If alarm is fitted, did it function properly? If not, give reasons			
19. Are guards employed? If so, name of firm			
SECTION 5 - COMPLETE IN CASES INVOLVING LOSS IN TRANSIT			
20. Starting point and destination of transit :			
21. Who was accompanying property lost ?			
If employees, state age and duties :			
Are they Insured under Fidelity Guarantee Policy?			
If so, Insurers name, address and Policy No.			
23. How often is this transit made ?			
24. What is maximum ever carried at one time ?			
SECTION 5 - AMOUNT CLAIMED			
25. State Amount Claimed : Kshs.			

Please refer overleaf for details.

No

No

No

## **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

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