

CLAIM FORM FOR PROPERTY DAMAGE

POLICY NO. Date of Payment of Last Premium

SECTION 1 - PERSONAL DETAILS

1. Full Name of Insured
2. Contact Details: (tel): (fax):
(mobile): (web):
(email):
(postal): (code): (town/ city):

SECTION 2 - CIRCUMSTANCES GIVING RISE TO CLAIM

3. Date of Loss Time
4. Where loss /damage occurred
5. Describe fully how loss or damage occurred

SECTION 3 - GENERAL INFORMATION

6. Type of premises involved.
7. Were the premises unoccupied? If so, when were they last occupied ? Yes No
8. Are the premises self-contained? If not, name of other occupants ? Yes No
9. Are you responsible for repairs ? Yes No
10. Have you any suspicion as to parties implicated ? 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. Yes No
12. Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on insurers. Yes No
13. 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

14. When were the Police notified ?
15. Address of Police Station

16. What other steps have you taken to recover property.

[Redacted]

17. Give full details of method of entry to premises

[Redacted]

18. If alarm is fitted, did it function properly? If not, give reasons

Yes No

[Redacted]

19. Are guards employed? If so, name of firm

Yes No

[Redacted]

SECTION 5 - COMPLETE IN CASES INVOLVING LOSS IN TRANSIT

20. Starting point and destination of transit :

[Redacted]

21. Who was accompanying property lost ?

[Redacted]

If employees, state age and duties :

[Redacted]

22. Are they Insured under Fidelity Guarantee Policy?

Yes No

If so, Insurers name, address and Policy No.

[Redacted]

23. How often is this transit made ?

[Redacted]

24. What is maximum ever carried at one time ?

[Redacted]

SECTION 5 - AMOUNT CLAIMED

25. 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)

