

LION OF KENYA

INSURANCE COMPANY LIMITED.

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PUBLIC LIABILITY CLAIM FORM

The Insured: Name:
Address:Tel. No.
Policy No: Premium Paid on

The Circumstances
Of the Incident: Date: Time: Place:

Describe what happened (if necessary on a separate sheet of paper):
.....
.....
.....
When did you first know about it?
Were the Police informed? If so, Date Reported
Police Station

The Other
Person(s)
Involved: Please give details about the people involved, who were not in your direct Person(s)
employment at the time.

Name(s)
Address(es)
Occupation(s)

Describe the nature of the personal injuries and/or damage to property:-
.....
.....
.....

The claim: Has any claim been made against you yet?
If so, please give details and/or attach any correspondence received, with copies of your
replies.

(N.B. Any further correspondence or claims should not be acknowledged by you, but
forwarded to us for attention).

Declaration: These particulars are true and complete. It is understood that the information
given on this form may be used in connection with any litigation arising from
the incident.

Signature of Insured:..... Date