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BURGLARY CLAIM FORM

To help us deal with your claim as quickly as possible PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, sign and date the form.

In addition to the claim form, please submit the following:

- Police abstract report
- Replacement invoices

PLEASE NOTE

- All damaged property must be protected from further deterioration and should not be disposed of until the Company or Loss Adjusters give permission.
- If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.

Remember, the more information you provide to us, the easier it will be to process your claim.

If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

Insured's Details

Name _____
Last Middle First

Policy Number _____

Date of payment of last premium _____

Address _____ Tel. No. _____

Mobile _____ Fax _____ Email _____

Business or Occupation _____

V.A.T. Registration No. _____ PIN No. _____





1. Please give the following details about your loss:

a) When did it happen? On _____ (date) at _____ p.m./a.m.

b) Where did it happen? (precise location) _____

c) How did it happen? Please give full details _____

2. Please give the following information about your premises

a) How were they entered? _____

b) Were they occupied at the time? Yes No

If not, when were they last occupied? _____

c) What has been the longest period of unoccupancy since renewal or issue of the policy?

d) Do you employ guards? Yes No

e) If you do, were they on duty? Yes No

f) From which security firm? _____





3. a) Please give the estimated total value of the contents in your premises at the time of loss. Kshs. _____

b) Please give the estimated total value of the building at the time of loss. Kshs. _____

4. Has anyone else a financial interest in the property, e.g as owner or under a mortgage? Yes No

If yes, please give details _____

5. Have you informed the police? Yes No

a) Which police station? _____

b) When? _____

6. Are you insured under any other policy for this loss? Yes No

If so, please give details _____

7. What measures have you taken to prevent a recurrence of this loss? _____

8. Have you previously made a claim against any insurer? Yes No

If so, state particulars: _____





Please list all the missing or damaged property on this table, and complete all the spaces.

Full description of property	Where and when purchased	Replacement cost price acquired	Deduction for Wear	Amount allowed for Tear and Depreciation	Amount claimed Salvage

Declaration

I/We declare that the foregoing answers are true and complete to the best of my/our knowledge.

Signature _____ Name _____

Title _____ Date _____

Company Stamp

UAP Insurance Company Limited

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