



The Heritage Insurance Company Kenya Limited

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Branches: Mombasa . Eldoret . Naivasha . Nanyuki . Nakuru

			CLAIM	FORM F	OR PRO	PERTY	DAMA	AGE		
РО	LICY NO.			Date of	Payment	of Last Pr	emium			
	CTION 1 - PERSONA Full Name of Insure									
1. 2.	Contact Details:	(tel):					(fax):			
۷.	contact betails.	(mobile):					(web):			
		(email):					(** 55).			
		(postal):			(code):			(town/ city)		
SECTION 2 - CIRCUMSTANCES GIVING RISE TO CLAIM										
3.	Date of Loss					Т	ime			
4.	Where loss /damage	e occurred								
5.	Describe fully how I	oss or damag	e occurred							
CE.	TION CENEDAL	INFORMATI								
SE( 6.	_		ON							
7.	Were the premises	pe of premises involved.  ere the premises unoccupied? If so, when were they last occupied?  Yes No								
0	A th	16+-: 42	If	-f -th						
8.	Are the premises se	eir-contained?	ir not, name	or other oc	cupants ?				Yes	∐ No
9.	Are you responsible	e for repairs ?							Yes	No
10.	Have you any suspicion as to parties implicated ?							Yes	No	
11.	Is there any other ir	nsurance in fo	rce providing	covers for	this loss?				Yes	No
	If so, give particular	s including in	surers name,	address an	d policy No	Э.			_	_
12	Havo you over suffe	arod cimilar los	es or damago	2 If so, give	particular	and what	hor clair	n was mado	Nes	□ No
12,	on insurers.	red similar io.	ss of damage	: 11 30, give	particulars	s and whet	ner cian	II was iliade	☐ 1C3	
13.	At the time of the lo	oss what was t	he value of :	(a) the	building?					
				(b) all	the proper	ty in the pi	remises?			
SEC	SECTION 4 - COMPLETE IN ALL CASES INVOLVING THEFT, MALICIOUS DAMAGE OR MISSING ARTICLES									
14.	When were the Poli	mises self-contained? If not, name of other occupants?    Yes   No     No     No     Ponsible for repairs?   Yes   No     No								
15.	Address of Police St	ation								

16.	What other steps have you taken to recover I	oroperty.					
17.	Give full details of method of entry to premis	es					
18.	If alarm is fitted, did it function properly? If r	ot, give reasons	∏Yes ∏No				
19.	Are guards employed? If so, name of firm		Yes No				
			reasons   Yes   No   Yes   Yes   No   Yes   Yes   No   Yes   Yes   Yes   Yes   No   Yes   Yes				
SEC	TION 5 - COMPLETE IN CASES INVOLVING LO	DSS IN TRANSIT					
20.	Starting point and destination of transit :						
21.	Who was accompanying property lost ? If employees, state age and duties :						
22.	Are they Insured under Fidelity Guarantee Policy No. Insurers name, address and Policy No.	olicy?	Yes No				
	in 30, insurers marile, address and rolley ivo.						
	How often is this transit made?						
24. What is maximum ever carried at one time ?							
SEC	TION 5 - AMOUNT CLAIMED						
25.	State Amount Claimed : Kshs.						
	Please refer c	overleaf for details.					
I / V my		nd property described overleaf belong to me/us, and					
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.
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