



# CLAIM FORM FOR PROPERTY DAMAGE

AAR INSURANCE KENYA LIMITED  
GEORGE WILLIAMSON HOUSE, 4TH NGONG, 2ND FLOOR,  
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MPESA PAYBILL NO. 333200

**CLAIM NO:** \_\_\_\_\_

**POLICY NO:** \_\_\_\_\_

## A. PERSONAL DETAILS

Name of the Insured: \_\_\_\_\_

Contact Details :      Tel: \_\_\_\_\_ Web: \_\_\_\_\_  
   Id No: \_\_\_\_\_ Pin No: \_\_\_\_\_  
   Email: \_\_\_\_\_ Postal: \_\_\_\_\_  
   Code: \_\_\_\_\_ Town/ City: \_\_\_\_\_

Trade or Occupation: \_\_\_\_\_

## B. CIRCUMSTANCES GIVING RISE TO CLAIM

1. Date of Loss : \_\_\_\_\_ Time \_\_\_\_\_
2. Where loss /damage occurred \_\_\_\_\_
3. Describe fully how loss or damage occurred;  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## C. GENERAL INFORMATION

1. Type of premises involved. \_\_\_\_\_
2. Were the premises unoccupied?      Yes  No   
If so, when were they last occupied? \_\_\_\_\_
3. Are the premises self- contained?      Yes  No   
If not, name of other occupants? \_\_\_\_\_
4. Are you responsible for repairs? \_\_\_\_\_
5. Have you any suspicion as to parties implicated? \_\_\_\_\_
6. Is there any other insurance in force providing covers for this loss?      Yes  No   
If so, give particulars including insurers name, address and policy No.  
\_\_\_\_\_  
\_\_\_\_\_
7. Have you ever suffered similar loss or damage?      Yes  No   
If so, give particulars and whether claim was made on insurers.  
\_\_\_\_\_

8. At the time of the loss what was the value of :

(a) The building ? \_\_\_\_\_ (b) All the property in the premises? \_\_\_\_\_

**D.COMplete in all cases involving theft, malicious damage or missing articles**

1. Name of police station, OB Number and the date of reporting

\_\_\_\_\_  
\_\_\_\_\_

2. What other steps have you taken to recover property?

\_\_\_\_\_  
\_\_\_\_\_

3. Give full details of method of entry to premises

\_\_\_\_\_  
\_\_\_\_\_

4. Is alarm is fitted, did it function properly? If not, give reasons; Yes  No

\_\_\_\_\_  
\_\_\_\_\_

5. Are guards employed? If so, name of firm. Yes  No

\_\_\_\_\_

**E.COMplete in cases involving loss in transit**

1. Starting point and destination of transit: \_\_\_\_\_

2. Who was accompanying property lost? \_\_\_\_\_

3. If employees, state age and duties:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Are they insured under Fidelity Guarantee Policy? Yes  No

5. If so, Insurers name, address and Policy No

\_\_\_\_\_  
\_\_\_\_\_

6. How often is this transit made? \_\_\_\_\_

7. What is the maximum ever carried at one time? \_\_\_\_\_

**F. AMOUNT CLAIMED**

State Amount Claimed: Kshs. \_\_\_\_\_

(Please refer overleaf for details)

