

CLAIM FORM

CANNON ASSURANCE LIMITED

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PROPERTY DAMAGE OR LOSS

Applicable to Fire, Special Perils, "Home" Covers, Theft, All Risks, Money, Baggage and Glass

**The issue of this form is not an admission of liability on the part of the Company.
All questions on this form must be answered in full.**

POLICY NO.	1. RENEWAL DATE	2. CLAIM NO.
Insured	2. Name _____ 3. Address _____ Telephone No. _____ 4. Business or Occupation _____	
Circumstances giving rise to Claim	5. Date and time of loss _____ a.m./p.m. on _____ 6. Where loss of Damage occurred _____ 7. Describe fully how loss or damage occurred _____ _____	
General information	8. Type of premises involved ... _____ 9. Were the premises unoccupied? Yes/No. If so, when were they last occupied? _____ 10. Are the premises self-contained? If not, name of other occupants _____ 11. Are you owner of premises? _____ 12. Are you responsible for repairs? _____ 13. Have you any suspicion as to parties implicated? _____ 14. Is there any other Insurance in force providing covers for this loss? If so, give particulars including Insurers name, address and Policy No _____ 15. Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on Insurers _____ 16. At the time of the loss what was the value of a) the buildings? _____ b) all the property in the premises? _____	
Complete in all cases Involving THEFT MALICIOUS DAMAGE Or MISSING ARTICLES	17. When were policy notified? _____ 18. Address of police station _____ 19. What other steps have you taken to recover property? _____ 20. Give full details of method of entry to premises _____ 21. If alarm fitted did it function properly? If not, give reasons _____ 22. Are guards employed? If so, name of firm _____	
Complete in all cases involving loss in transit	23. Starting point and destination of transit _____ 24. Who was accompanying property lost? _____ 25. If employees, state age and duties _____ 26. Are they insured under fidelity guarantee policy? If so, insurers name, address and policy No _____ 27. How often is this transit made? _____ What maximum ever carried at one time _____	
Amount claimed	28. Kenya shillings _____	Please refer overleaf for details

We declare the I/we have not withheld any material information and that all statements on this form are true to the best of my knowledge and believe that articles and property described overleaf belong to me/ us, and that no other person has any interest whatever as owner, Mortgagee, Trustee or otherwise except as mentioned in the policy

DETAILS OF AMOUNT CLAIMED

If claim is for repairable damage, give particulars of damage and a tradesman's estimate for the 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.

Full description of property	Where and when acquired	Replacement cost price	Deduction for Wear, Tear and Depreciation	Amount Allowed for Salvage	Amount Claimed