

PROPERTY DAMAGE (MISC) CLAIM FORM



Applicable to Fire & Special Perils, Domestic Package, Burglary, All risks, Money, Baggage and Glass.

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

1. Policy No.: _____ Renewal Date: __ / __ / ____ Date of payment of premium: __ / __ / ____

INSURED

2. Name _____

3. Address _____ Telephone No.: _____

4. Business of Occupation _____

5. Email Address _____

CIRCUMSTANCES GIVING RISE TO CLAIM

1. Date and Time of Loss __ / __ / ____ _____

6. Where loss or 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 the owner of premises? _____

12. Are you responsible for repair _____

13. Have you any suspicious as particulars implicated _____

14. Is there any other insurance in force providing covers for this loss? If so give particulars including insurer's name, address and policy No. _____

15. Have you suffered similar loss or damage? If so, give particulars and whether claim was on _____
insurers _____

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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 ARTICLE

17. When were Police notified? __ / __ / ____ Address of Police Station _____

19. What other steps have you taken to recover property lost or damaged _____

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 _____

23. Starting point and destination of transit _____

24. Who was accompanying property lost? _____

25. If employee, state age and duties _____

26. Are they insured under Fidelity Guarantee Policy? If so, Insurer's name, and Policy No.: _____

27. How often is this transit made? _____ What is maximum ever carried any one time? _____

AMOUNT CLAIMED

29. Kenya Shillings _____ Please attach details

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my knowledge and belief that articles and property described below belong to me/us, and that no other person has any interest whether as Mortgages, Trustee or otherwise except as mentioned on the Policy.

Signature of Insured: _____ Date: __ / __ / ____

