



The Monarch Insurance
A friend for life.

The Monarch Insurance Company Limited
Monarch House, 664, Ole Nguruone Avenue, Off James Gichuru Road, Lavington
P.O BOX 44003-00100 Nairobi GPO
(t) 020 4292000, 020 2338132 (f) 020 4292100
(m) 0705 426931, 0786426931
(e) info@monarchinsurance.co.ke (w) www.monarchinsurance.co.ke
Branches: Mombasa. Thika, Kisumu, Nakuru, Meru, Kisii, Solar Hse, Prudential

CLAIM FORM FOR PROPERTY DAMAGE

POLICY NO. _____ RENEWAL DATE _____ Date of Payment of Last Premium _____

SECTION 1 - PERSONAL DETAILS

1. Full Name of Insured.....
2. Contact Details: *Tel:* _____ (*web*): *ID* _____
 NO: _____ *PIN NO:* _____
 (*email*): _____
 (*Postal*): _____ (*code*): _____ (*town/city*): _____
3. Business or Occupation _____

SECTION 2 - CIRCUMSTANCES GIVING RISE TO CLAIM

4. Date of Loss _____ Time _____
5. Where loss /damage occurred _____
6. Describe fully how loss or damage occurred _____

SECTION 3 - GENERAL INFORMATION

7. Type of premises involved. _____
8. Were the premises unoccupied? If so, when were they last occupied? Yes No

9. Are the premises self-contained? If not, name of other occupants? Yes No

10. Are you responsible for repairs? _____ Yes No
11. Have you any suspicion as to parties implicated? _____ Yes No
12. Is there any other insurance in force providing covers for this loss?
If so, give particulars including insurers name, address and policy No. Yes No

13. Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made
on insurers. Yes No

14. At the time of the loss what was the value of: (a) the building? _____
(b) All the property in the premises? _____

SECTION 4 - COMPLETE IN ALL CASES INVOLVING THEFT, MALICIOUS DAMAGE OR MISSING ARTICLES

15. When were the Police notified? _____
16. Address of Police Station _____

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

18. Give full details of method of entry to premises

19. If alarm is fitted, did it function properly? If not, give reasons

Yes No

20. Are guards employed? If so, name of firm

Yes No

SECTION 5 - COMPLETE IN CASES INVOLVING LOSS IN TRANSIT

21. Starting point and destination of transit: _____

22. Who was accompanying property lost?
If employees, state age and duties:

23. Are they insured under Fidelity Guarantee Policy?
If so, Insurers name, address and Policy No.

Yes No

24. How often is this transit made? _____

25. What is maximum ever carried at one time? _____

SECTION 5 - AMOUNT CLAIMED

26. State Amount Claimed: Kshs. _____

Please refer overleaf for details.

DECLARATION:

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 / our knowledge and belief and that articles and property described overleaf belong to me/us, and that no other person has any interest whether as owner, Mortgage, Trustee or otherwise except as mentioned in the Policy.

Date _____ Sign (And rubber stamp if corporate) _____
(If Policyholder is body corporate, title of person signing)

