

NAME AND ADDRESS OF  
THE INSURER \_\_\_\_\_

CLAIM FORM FOR 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 _____ Date of payment of last premium _____
Insured	2. Name _____ 3. Address _____ Telephone No. _____ 4. Business of Occupation _____
Circumstances giving rise to Claim	5. Date and Time of Loss _____ a.m. / p.m. _____ 20 _____ 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 suspicions as to parties 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 made 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 Police 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 employee, state age and duties _____ 26. Are they insured under Fidelity Guarantee Policy? If so, Insurer's name, address and Policy No. _____ 27. How often is this transit made? _____ 28. What is maximum ever carried any one time? _____
Amount Claimed	29. Kenya Shillings _____ Please refer for 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 overleaf belong to me/ us, and that no other person has any interest whether as Mortgage, Trustee or otherwise except as mentioned on the Policy.

Date \_\_\_\_\_ Signed \_\_\_\_\_

(i)

Policyholder body corporate life of insurance

