

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.:	RENEWAL DATE:	CLAIM No.:
1. INSURED	Name: PIN No.: Address: Telephone No: Business or Occupation:	
2. CIRCUMSTANCES GIVING RISE TO CLAIM	Date: Time of Loss:a.m. / p.m. Where loss or damage occurred..... Describe fully how loss or damage occurred.....	
3. GENERAL INFORMATION	Type of premises involved..... Were the premises unoccupied? Yes/No..... If so, when were they last occupied? Are the premises self-contained? Yes/No..... If not, name of other occupants Are you the owner of premises? Are you responsible for repairs? Have you any suspicion as to parties implicated? Is there any other insurance in force providing covers for this loss? Yes/No If so, give particulars include Insurers Name, address and..... Policy No..... Have you ever suffered similar loss or damage? Yes/No If so, give particulars and whether claim was made on Insurers..... At the time of loss what was the value of: a) the buildings? b) all the property in the premises?	
4. Complete in all cases involving THEFT MALICIOUS DAMAGE or MISSING ARTICLES	When were the Police notified? Address of Police Station What other steps have you taken to recover property? Give full details of method of entry to premises If alarm fitted, did it function properly? Yes/No..... If not, give reasons..... Are guards employed? Yes/No..... If so, name of firm.....	
5. Complete in all cases involving loss in transit	Starting point and destination of transit..... Who was accompanying property lost?..... If employees, state age and duties..... Are they insured under Fidelity Guarantee Policy? Yes/No..... If so, give particulars include Insurers Name, address and..... Policy No..... How often is this transit made?..... What maximum ever carried at one time?	
6. Amount claimed	Kenya shillings	Please refer overleaf for details

I/ We declare that I/We have not withheld any material information and all statements made on this form are true to the best of my 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, mortgagee, Trustee or otherwise except as mentioned in the policy.

Date: _____ Signature: _____

(If policy holder body corporate, title of person signing)

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 (1 policy cover is on new reinstatement basis, the column for wear, tear and depreciation is not applicable). Supporting estimates for replacements may be helpful.

In case where reported to Police please furnish a Police report.

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

