



CIC GENERAL INSURANCE
We keep our word

Claim Form For Property Loss or Damage

CIC GENERAL INSURANCE LIMITED

CIC Plaza Mara Road | P. O. Box 59485-00200 Nairobi | Tel. (020) 2823000, 0722-204572, 0703-099120 |
Fax. 2823331/3 Email: callc@cic.co.ke | Website: www.cic.co.ke

M-Pesa Business No. 600112

AGENCY / BROKER

APPLICABLE TO:

Fire, Domestic Package, Burglary, All Risks, Money, Glass and Goods in transit.

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.

INSURED DETAILS

NAME:

SURNAME OTHER NAMES

POSTAL ADDRESS: CODE: TOWN:

OCCUPATION: AGE:

EMAIL: MOBILE:

FINANCER DETAILS (If any)

CIRCUMSTANCES

1. Date of loss? Time: AM: PM:
2. Where did the loss or damage occur:
3. Describe fully how loss or damage occurred:
4. Is the premises fitted with an alarm? If yes, was it activated?
If not, explain:
5. Is the premises guarded? If yes, name of security firm:
6. Were the premises occupied? If not, when were they last occupied?
7. Are you the owner of the premises? If not, are you responsible for repairs?
8. Are there people implicated in the loss?
If yes, give details:
9. Is there any other insurance in force providing cover for this loss?
If yes, give particulars including insurer's name:
10. Have you ever suffered similar loss or damage?
If yes, give particulars including insurer involved:
11. Were police notified?
12. If yes, attach the Police abstract report:
13. What steps have you taken to recover the lost property?

Complete in all cases involving LOSS OF MONEY & GOODS IN TRANSIT

1. Transit from: To:
2. How often is this transit made?
3. What is the maximum ever carried at one time?
4. Who was accompanying the property lost?
5. If employees, state how many? Position(s)
6. Do you suspect involvement of the employees in the loss? Y N
7. Are they insured under Fidelity Guarantee Policy? Y N
 If yes, provide insurer's details

DETAILS OF AMOUNT CLAIMED

NB:

- 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 the items below completing all columns and attach either proforma invoice, replacement receipts or purchase receipts.

Full description of Property	Where and when acquired	Purchase price	Replacement Cost	Details of salvage or recovered property
TOTAL				

I/We hereby declare that the whole of the statements made by me/us in claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: Signature and Stamp: Title:
 (If Policy holder body corporate, title of person signing)