

**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	1 2 3	Name..... Address..... Telephone No. .... Business or Occupation ..... Email address ----- PIN no. -----
Circumstances giving rise to Claim	5 6 7	Date and time of loss.....am/pm on.....20..... Where loss or damage occurred..... Describe fully how loss or damage occurred .....
General Information	8 9 10 11 12 13 14 15 16	Type of premises involved ..... Were the premises unoccupied? Yes/ if so, when were they last occupied? ..... Are the premises self-contained? If not, name of other occupants ..... Are you 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? If so, give particulars including Insurers name, address and Policy No ..... Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on Insurers ..... 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 18 19 20 21 22	When were 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? If not, give reasons ..... Are guards employed? If so, name of firm .....
Complete in all Cases involving Loss in Transit	23 24 25 26 27 28	Starting point and destination of transit..... Who was accompanying property lost? ..... If employees, state age and duties ..... Are they insured under Fidelity Guarantee Policy? If so, Insurers name address and Policy No. .... How often is this transit made? ..... What is maximum ever carried at one time? .....
Amount claimed	29	Kenya shillings .....

I/we declare that I/We not withheld any material information and that all statements made on this information 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 the person has any interest whether as owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

Date.....Signed.....  
 (If Policyholder 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 (If 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 cases where reported to Police please furnish a Police report.

Full description of Property	Where and when Acquired.	Cost Price	Deduction of wear, Tear and Depreciation	Amount allowed for Salvage	Amount Claimed