



ICEA LION
GENERAL INSURANCE

RADIO/RADIO CASSETTE CLAIM FORM

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The Issuing of this form is not to be taken as an admission of liability by the insurer

Claim Number Policy Number Agency

1. GENERAL INFORMATION

Full name of insured

Postal address Code Town

Telephone Number Cell No.

E-mail Address

Business/occupation

2. THE VEHICLE

Regn No. Make Year of Manufacture

For what purpose was the vehicle being used at the time of the occurrence?

3. DRIVER

Name Address

License No. Date of Issue

Was He /She Driving With Your Authority?

4. DETAILS AND CIRCUMSTANCES OF LOSS

Date Time a.m/p.m

Where did the loss occur?

Who was in charge of the vehicle at the time of the loss?

Were all doors in the vehicle securely locked?

Were all windows closed?

Was an anti-theft device fitted?

If so, state type:

Please give full information as to how the loss occurred?

5. PARTICULARS OF LOSS/DAMAGE

Was the radio/radio cassette stolen or damaged?

If stolen, what is the replacement value?

If damaged, what is the repair cost?

Was there damage to any other part of the vehicle?

If so, please give details

6. I/We hereby declare the foregoing particulars and statements to be true in every respect

Signature/Stamp Date