



REPORT FORM FOR FIRE, BURGLARY, DOMESTIC PACKAGE AND ALL RISKS POLICIES

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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. Full name of insured

2. Postal address Code Town

3. Telephone Number Cell No.

4. E-mail Address

5. Business/occupation

6. Situation of premises or place where loss or damage occurred: _____

7. Date of loss or damage _____ Time _____ a.m./p.m.

8. Explain fully how the loss or damage occurred: _____

9. ADDITIONAL QUESTIONS FOR THEFT, BURGLARY AND ALL RISKS CLAIMS

a. When was the loss or damage discovered? Date: _____ Time: _____ a.m./p.m.

b. By whom was the discovery made? _____

c. When was the property last seen? Date: _____ Time: _____ a.m./p.m.

d. By who was it last seen? _____

e. When were the Police notified? _____ Address of Police Station _____

f. Have any other steps been taken to recover the property? _____

g. What was the total value of the contents of the premises at the time of the theft? _____

h. What anti theft precautions are employed in connection with

a. Exterior doors _____

b. Interior doors _____

c. Windows _____

i. What further anti-theft measures do you intend to employ following this loss? _____

j. Was a security guard on duty at the material time?
If so, please state the name of the security company engaged _____

k. Were the premises unoccupied? Yes/ No. If so, when were they last occupied? _____

10. Have you ever sustained a loss or claimed against any insurer for any of the risks included in the Policy under which this claim is made? If so, give particulars _____

11. Are you the sole owner of the lost, damaged or destroyed property? If not, state the name(s) of any other interested parties and the nature of their interest _____

