



Better. Simple. Life.

## ALL RISKS CLAIM FORM

**To help us deal with your claim promptly, please:**

**1. Answer all the questions**

**2. Submit**

- (i) Replacement invoices or other documents entered in support of the value of the item lost, stolen or damaged.
- (ii) Incase of repairs, repair estimates and repairs report on cause of damage.
- (iii) Police abstract report form duly completed.

**3.** However do not delay the submission of claim form if the above documents are not immediately available.

**PLEASE NOTE**

- All damaged property must be protected from further deterioration and should not be disposed of until authorised by the company.
- If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.
- Remember, the more information you provide to us, the easier it will be to process your claim. If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

### Insured's Details

Name \_\_\_\_\_  
Last Middle First

Policy Number \_\_\_\_\_

Date of payment of last premium \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Mobile \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Business or Occupation \_\_\_\_\_

V.A.T. Registration No. \_\_\_\_\_ PIN No. \_\_\_\_\_







b) When were the police notified? \_\_\_\_\_

\_\_\_\_\_

c) Which Station was advised? \_\_\_\_\_

d) Do you suspect any person or persons? Yes  No

*If so, please state their particulars* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. a) Are you the sole owner of the property? Yes  No

*If not, give details of other interested parties:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Please list ALL the missing or damaged property on the table overleaf.

6. a) Have you any other existing insurance that relates to the property mentioned herein? Yes  No

*If so, please give particulars:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Have you previously made a claim against any insurer? Yes  No

*If so, state particulars:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





Please list all the missing or damaged property on this table, and complete all the spaces.

Full description of property	Where and when purchased	Replacement cost price acquired	Deduction for Wear	Amount allowed for Tear and Depreciation	Amount claimed Salvage

### Declaration

I/We declare that the foregoing answers are true and complete to the best of my/our knowledge.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Company Stamp

**UAP Insurance Company Limited**

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