

# PROPERTY DAMAGE OR LOSS CLAIM FORM

*(All questions in this form must be answered in block letters and in the claimant's own handwriting or to his dictation)*  
**(Applicable for fire, Special Perils, "Home" Covers, Theft, All Risks, Money, Baggage and Glass**

**AGENCY:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**POLICY NUMBER:**

**1. INSURED**

Full name of Insured: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Business Occupation: \_\_\_\_\_

**2. CIRCUMSTANCES GIVING RISE TO CLAIM**

Date: \_\_\_\_\_ Time of loss: \_\_\_\_\_ a.m. / p.m.  
 Where did loss or damage occur? \_\_\_\_\_  
 How did loss or damage occur? \_\_\_\_\_

Do you have any independent witness? If so give details:

Name	Address	Telephone
1.		
2.		

**3. GENERAL INFORMATION**

Type of premises involved? (Permanent / Semi-Permanent) \_\_\_\_\_  
 Were the premises unoccupied? Yes / No \_\_\_\_\_ If so, when were they last occupied?. \_\_\_\_\_  
 Are the premises self contained? Yes/ No \_\_\_\_\_ If not, name of other occupants \_\_\_\_\_  
 \_\_\_\_\_  
 Are you the owner of the premises? \_\_\_\_\_  
 Are you responsible for repairs? \_\_\_\_\_  
 Have you any suspicion as to parties implicated? \_\_\_\_\_  
 Is there any other insurance in force providing cover for the loss? If so, give particulars including  
 a) Insures Name: \_\_\_\_\_  
 b) Address: \_\_\_\_\_  
 c) Policy Number: \_\_\_\_\_  
 Have you ever suffered similar loss or damage? If so, give particulars when claim was made on  
 insurers \_\_\_\_\_  
 Have you ever been insured before? If YES, name of insurer: \_\_\_\_\_  
 At the time of loss, what was the value of a) the building? \_\_\_\_\_  
 b) all the property in the premises? \_\_\_\_\_

**4. Complete in cases involving THEFT, MALICIOUS DAMAGE or MISSING ARTICLES**

When was the police notified? \_\_\_\_\_

Name of the Police Station: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

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 no, give reasons: \_\_\_\_\_

Are guards employed? If so, name of firm \_\_\_\_\_

**5. Complete in all cases involving LOSS IN TRANSIT**

Starting point and destination transit \_\_\_\_\_

Who was accompanying property lost? \_\_\_\_\_

If employees, state age and duties \_\_\_\_\_

Are they insured under fidelity guarantee? If so, Insurer's Name : \_\_\_\_\_

and Policy Number: \_\_\_\_\_

How often is the transit made? \_\_\_\_\_

What is the maximum ever carried at one time? \_\_\_\_\_

**6. AMOUNT CLAIMED**

Kenya Shillings \_\_\_\_\_ *(Please refer below for details)*

**7. DETAILS OF AMOUNT CLAIMED**

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to If claim is for repairable damage, give particulars of damage and a tradesman's estimate for repairs necessary. If claim is for ir-repairable damage or loss, list items below completing all columns, If policy cover is on new reinstatement basis, the column for wear and tear, 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	When Acquired mm/yy	Name of Seller	Replacement Cost Price	Deduction for Wear, Tear and Depreciation	Amount Allowed In Salvage	Amount Claimed

**8. DECLARATION:-**

I/WE hereby declare that the whole of the statement made by me/us in this form of claim are in every respect true and I/WE agree that if I/We 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.

Signed by the Insured:-

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Rubber stamp: \_\_\_\_\_  
(if corporate)