



Claim Ref No:

Claim Form For Property Damage Or Loss

Broker / Agent

NOTE:

- 1. Applicable to fire, engineering and theft.
- 2. Special Perils.
- 3. The issuance of this form is not an admission of liability on the party of the Company.
- 4. All questions on this form must be answered in full and in **BLOCK** letters.

1. Renewal Date Policy No.

INSURED

2. Name

3. Postal Address

4. Telephone Business/Occupation

CIRCUMSTANCES GIVING RISE TO CLAIM

5. Date of loss Time of Loss am/pm

6. Where loss or damage occurred

Describe fully how loss of damage occurred

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GENERAL INFORMATION

7. Type of premises

8. Was the premises occupied? Yes No

If not, when was it last occupied?

9. Are there other occupants in the premises? Yes No

If not, name of other occupants?

10. Are you owner of premises? Yes No

11. Are you responsible for repairs? Yes No

12. Have you any suspicion as to parties implicated? Yes No

13. Is there any other insurance in force providing covers for this loss? Yes No

If so, give particulars including Insurer's name, address and Policy No.

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Protecting what *you* value

14. Have you ever suffered similar loss or damage? Yes No

If so, give particulars and whether claim was made on Insurers

15. 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

16. When were the Police notified?

17. Address of Police Station

18. What other steps have you taken to recover property?

19. Give full details of method of entry to premises

20. If any alarm fitted, did it function property? Yes No

If not give reasons

COMPLETE IN ALL CASES INVOLVING LOSS IN TRANSIT

21. Starting point and destination of transit

22. Who was accompanying property lost?

23. If employees state age and duties

24. Are the Insured under Fidelity Guarantee Policy? Yes No

If so, Insurer's name, address and Policy No.

25. How often is this transit made?

26. What is the maximum ever carried at one time

AMOUNT CLAIMED

Kenya Shillings Please refer overleaf for details

DECLARATION

I / We declare that I / We have not withheld any material information and that all statements made on this form are true to the best of my / our knowledge and belief and that articulated and property described overleaf belong to me / us and that no other person has any interest whether as owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

I / We accept that incorrect information will invalidate this claim and may even lead to prosecution.

Date [D][D][M][M][Y][Y][Y][Y]

Signature

(If Policyholder body corporate, title of person signing and company rubber stamp)

RESOLUTION INSURANCE COMPANY LIMITED

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Protecting what you value

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 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	Replacement cost price	Deduction for Wear, Tear and Depreciation	Amount allowed for Salvage	Amount claimed