

## **MISCELLANEOUS CLAIM FORM**

### **IMPORTANT NOTICE**

1. **No liability under the policy is admitted by Issue of this Form**
2. **All questions on this form must be answered.**

Insurers Claim No. \_\_\_\_\_

Brokers Ref No. \_\_\_\_\_

Brokers contacts & email  
address \_\_\_\_\_

### **INSURED & POLICY**

1. RENEWAL DATE ..... Date of payment of last premium .....
2. Full Name of Proposer | .....
3. PIN No. | ..... ID / Passport No. ....
4. Postal Address | ..... Postal Code | ..... Town | .....
5. Telephone No. | ..... Mobile No. | .....
- Email Address | ..... Occupation | .....
- h** Type Of Policy | .....
- i** Expiry Date | .....

### **PROPERTY**

- a** Are you the sole owner of the property claimed for? | .....
- b** If not give name and address of owner(s): | .....
- c** Are there any other insurances on the property described in the particular claim? | .....
- d** If so, give name of insurer and policy number: | .....
- e** What was the total value of the contents at the time Loss? | .....

### **CIRCUMSTANCES**

- a** Address of premises where theft, loss, damage occurred | .....
- b** Date Of Loss: | ..... Time AM / PM: | .....
- c** Give brief details of the circumstances of the loss | .....
- d** By whom was loss discovered? | .....
- e** Were premises occupied at the time? | .....
- f** If not, when were they last and by whom? | .....

## PREMISES

a State briefly how entry to premises was effected? |

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b If not forcible entry, how did loss occur? State purposes for which premises are occupied |

.....

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c Are you responsible for repairing damage caused to premises? |

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d If so, why are you responsible? |

.....

## RECOVERY

a Have you notified the Police? |..... Police Station: | .....

b Date Of Notification: | ..... Time AM / PM: | .....

c Has any of the stolen property been recovered?

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## PREVIOUS CLAIMS

a Have you had any previous losses by Fire, Burglary or any other cause? |

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b If so give particulars: |

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## PARTICULARS OF THE CLAIM

**NOTE:** The amount to be claimed on an article is limited to the actual intrinsic value at the time of the loss. The amount of the damage should be stated. Receipts obtained at the time of purchase of the under mentioned articles should be attached, wherever possible, for inspection and subsequent return.

a Description of property claimed form |

.....

b When and where bought and from whom (attach valuation of items):

.....

.....

c Original Cost / Price Kshs? |

.....

d Deduction for age, Use Wear & Tear Kshs: |

.....

e Amount Claimed? | .....

I hereby declare that the property claimed for particulars of which are given above, has been lost, stolen or damaged, and that all statements on this form are to the best of my knowledge and belief, correct.

TOTALS | .....

SIGNATURE OF THE INSURED | .....

DATE | .....