



MISCELLANEOUS

CLAIM FORM

CLAIMSDOT INSURANCE SOLUTIONS LTD.

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DIRECTIONS

1. All questions must be answered in full, in **BLOCK** letters, in the Claimant's own handwriting or to his dictation.
2. The issuing of this form is not to be taken as an admission of liability by the insurers.

CLAIM NO. INSURANCE COMPANY.

POLICY NO.

1. Name of Insured in full

2. Postal address Postal code

Telephone - Office House Mobile

Email

ID No./Certificate of Incorporation PIN No.

3. Occupation/nature of business

4. (a) When did the loss or damage occur? Time

(b) Situation of premises or place where the loss or damage occurred

5. State fully how the loss or damage occurred

6. (a) When was the loss or damage discovered? Time

(b) By whom was the discovery made?

(c) When was the property last seen? Time

(d) When were the Police notified?

Name of Police Station (attach Police abstract form)

7. (a) Were the premises occupied by anyone at the time of loss or damage? Yes No

DD/MM/YYYY	AM/PM
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(b) If not, when were they last occupied? _____ Time

8. Was the watchman or guard on duty at the time of the occurrence? Yes No

9. Are you the sole owner of the lost or destroyed property? Yes No

If not, give name(s) of any other parties and nature of their interest

10. Was there at the time of the loss or damage any other existing insurance(s) effected by you or any other persons on the property for which this claim is made? Yes No

11. Have you ever sustained a loss or claimed against any insurers for any of the risks under the policy under which this claim is made? Yes No

If so, give the particulars

IMPORTANT

- i. Attach purchase invoices/cash sales/receipts and/or tradesman’s estimate(s) to facilitate the processing of this claim.
- ii. No salvage should be disposed off without the insurer’s written permission.

12.

Description of the property lost or damaged	Date purchased or received	From whom purchased or by whom donated	Cost price	Replacement Cost	Quotes attached (Yes/ No)	Amount claimed after allowing depreciation
TOTAL						

DECLARATION

I/We hereby declare to Jubilee Allianz General Insurance Limited that the particulars in this claim form are true and complete.

Date Signature of Insured