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**CLAIM FORM FOR PROPERTY DAMAGE OR LOSS.**

Applicable under Fire, Special Perils, 'HOME' Covers, Theft, All Risks, Money, Baggage, Glass insurances.

The issue of this for is not an admission of liability on the part of the Company

|  |  |  |
| --- | --- | --- |
| **Policy No.** | 1 | **Date of** **Payment of** **last premium** |
| **INSURED** | 2  3 | Name |
| Address |
|  |
|  |  | Telephone No. |
|  | 4 | Business or Occupation |
| **Circumstances** | 5 | Date and time of loss am/pm on 20 |
|  |
| **giving rise** | 6 | Where loss or damage occurred |
| to claim | 7 | Describe fully how loss or damage occurred |
|  |  |  |
|  |
|  |
|  |
| General | 8 | Type of Premises involved |
| **INFORMATION** | 9 | Were premises unoccupied? If so, when last occupied? |
|  | 10 | Are premises self contained? If not, name other occupants |
|  | 11 |  |
| Are you owner of premises? |
|  | 12 | Are you responsible for repairs? |
|  | 13 | Have you any suspicious as to parties implicated? |
|  | 14 | Is there any other Insurance in force providing cover for this loss? If so give particulars including insurer.  name, address, and policy No. |
|  | 15 |  |
| Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on  insurers |
|  | 16 | At the time of the loss what was the value of a) the building? |
| b) all the property in the premises? |
| **Complete in** | 17 | When were Police notified? |
| **All cases** | 18 | Address of Police Station |
| **involving THEFT** | 19 | What other steps have you taken to recover property? |
| **MALICIOUS** | 20 | Give full details of freehold of entry to premises |
| **DAMAGE** or |  |  |
| **MISSING** | 21 | If Alarm fitted, did it function properly? If not, reason |
| **ARTICLES** | 22 | Are guards employed? |
|  |  |  |
| **Complete in** | 23 | Starting point and destination of transit |
| **All cases**  **involving loss**  **in transit** | 24  25 | Who was accompanying property lost? |
|  |
| If employees, state age and duties |
|  | 26 | Are they Insured under Fidelity Guarantee Policy? If so, Insurers name, address and Policy No. |
|  | 27 |  |
| How often is this transit made? |
|  | 28 | What is maximum ever carried at one time? |
| **Amount**  **claimed** | 29 | TShs. Please refer overleaf for details. |
|  |

I/we declare that /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 articles and property described overleaf belong to me/us and that no other person has any interest thereon whether as Owner, Mortgage Trustee or otherwise except as mentioned in the Policy.

Date Signed

(If Policy holder body corporate, title of person signing and rubber stamp of the company).

GES/G020/06

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full **description of property** | **Where and When acquired** | **Replacement**  **Cost Price** | **Deduction for Wear**  **Tear and**  **Depreciation** | **Amount allowed**  **for Salvage** | **Amount**  **Claimed** |
|  |  |  |  |  |  |

**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 irrepairable damage or loss, list items below completing all columns (If Policy cover 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.