



**OCCIDENTAL INSURANCE COMPANY LIMITED**

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**CLAIM FORM FOR PROPERTY DAMAGE OR LOSS INCLUDING CONSEQUENTIAL LOSS(FIRE) UNDER ALL IN ONE BUSINESS INSURANCE POLICY**

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

*All questions on this form must be answered in full.*

Policy No.	1. RENEWAL DATE:	Date of payment of last premium:	
<b>Insured</b>	2. Name _____		
	3. Address _____	Tel No. _____	
	4. Business or Occupation _____		
<b>Circumstances giving rise to Claim</b>	5. Date and time of loss _____ a.m. / p.m. on _____ 20 _____		
	6. Where loss or damage occurred _____		
	7. Describe fully how loss or damage occurred _____		
<b>General Information</b>	8. Type of premises involved _____		
	9. Were the premises unoccupied? Yes / No. If so, when were they last occupied? _____		
	10. Are the premises self-contained? If not, name of other occupants _____		
	11. Are you owner of premises? _____		
	12. Are you responsible for repairs? _____		
	13. Have you any suspicion as to parties implicated? _____		
	14. Is there any other insurance in force providing covers of this loss? If so, give particulars including insurers 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 time of the loss what was the value of	a) the buildings? _____	
		b) all the property in the premises? _____	
<b>Complete in all cases involving THEFT BURGLARY MALICIOUS DAMAGE OR MISSING ARTICLES</b>	17. When were police notified? _____		
	18. Address of Police Station _____		
	19. What other steps have you taken to recover property? _____		
	20. Give full details of method of entry to premises _____		
	21. If alarm fitted, did it function properly? If not, give reasons _____		
22. Are guards employed? If so, name of firm _____			
<b>Complete in all cases involving loss in transit</b>	23. Starting point and destination of transit _____		
	24. Who was accompanying property lost? _____		
	25. 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? _____		
	29. Consequential loss(fire) period of interruptions. _____		
<b>Amount Claimed</b>	30. Kenya Shillings _____	<i>Please refer overleaf for details</i>	

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 whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

Date \_\_\_\_\_ Signed \_\_\_\_\_

(If Policy holder body corporate, title of person signing)

## DETAILS OF AMOUNT CLAIMED

If claim is for repair damage, give particulars of damage and tradesman's estimate for the repairs necessary. If claim is for irreparable damage or loss, list items below completing all columns (If Policy covers is on new reinstatement Basis, the column for wear, tear and depreciation is not applicable). Supporting estimates for replacement maybe helpful. In case where reported to Police please furnish a Police report.

Full description of property /Interruption Period	Where and When acquired	Replacement cost price	Deduction for Wear, Tear and Depreciation	Amount allowed for Salvage	Amount Claimed