



OCCIDENTAL INSURANCE COMPANY LIMITED

Crescent Business Centre, 7th Floor, Parklands Road, Parklands,

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CLAIM FORM FOR PROPERTY DAMAGE OR LOSS

Applicable to Fire, Special Perils, "Home" Covers, Theft, All Risk, Money, Baggage and Glass

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:
Insured	2.	Name _____
	3.	Address _____ Tel No. _____
	4.	Business or Occupation _____
Circumstances giving rise to Claim	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 _____
General Information	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? _____
Complete in all cases involving THEFT MALICIOUS DAMAGE OR MISSING ARTICLES	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 _____
Complete in all cases involving loss in transit	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? _____
Amount Claimed	29.	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 repairable damage, give particulars of damage and tradesman's estimate for repairs necessary.

If claim is for irreparable damage or loss, list of items below completing all column (If Policy covers is on new reinstatement basis, the column for wear, tear and depreciation is not applicable). Supporting estimates for replacement may be helpful.

In case where reported to Police furnish a Police report.

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