



OCCIDENTAL INSURANCE COMPANY LIMITED

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BURGLARY CLAIM FORM

This issue of this form is not to be taken as admission of liability

ANSWER ALL QUESTIONS AND FULLY

1.	Name of Insured (in full) _____	
2.	Address _____	
3.	Occupation _____	
4.	(a) Full address of premises broken into (b) The day and hour the Premises were broken into (c) How the entrance was affected (d) Which rooms were entered
5.	(a) Whether the premises were inhabited at the time Of the Burglary (b) If not, for what periods have they been uninhabited Since the last premium was due
6.	When did you inform the Police & authorities of the theft and at which station
7.	Whether you are the sole owner of the property stolen
8.	State the estimated value of the total contents of the Premises at the time of the burglary
9.	For what sum you insure the contents against Fire and with What company
10.	Are there any other insurance against burglary upon the Same property? If so, give full particulars
11.	Whether you have ever before sustained loss by fire or Burglary? If so give particulars	SHS _____ in the _____ Insurance Company SHS _____ in the _____ Insurance Company

I / We the above names being insured under the above policy do hereby declare and set forth that at or about O'clock a.m./p.m. On the Day of 20..... A theft was committed at the above premises in the manner Stated and the articles enumerated in the within list and valued at sum Shs..... Were stolen there from and I /We do further Declare that no other person has any interest in the said property, whether as Owner, Mortgage, Trustee or otherwise, and that it is not otherwise insured Against burglary, with this or any other office, except as above stated.

Witness my hand this.....day of..... 20.....

Witness

Occupation

Signature of Claimant.....

Address

Full Description of Stolen Article	Name and address of Party from whom Article Purchased or by whom Presented	Date of Purchase or Presentation	Price Paid	Deduction for Age, Use and or Wear and Tear	Sum claimed for Present Value	REMARKS