



THE CO-OPERATIVE INSURANCE COMPANY OF KENYA LIMITED

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CLAIM FORM FOR PROPERTY DAMAGE OR LOSS

Applicable to Fire, Domestic Package, Theft, All Risks, 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	Telephone No.
	4. Business or Occupation .....	.....
Circumstances giving rise to Claim	5. Date and time of loss	a.m./p.m. on
	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 for 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 .....	.....
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 methods of entry to premises .....	.....
	21. If alarm fitted, did it function properly? If not, give reasons .....	.....
Complete in all cases involving loss in transit	22. Are guards employed? If so, name of firm .....	.....
	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	Please refer overleaf for details.

I/We declare that I/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 Signature and Stamp Title
(If Policyholder body corporate, title of person signing)

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 irreparable 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.

Full description of Property	Where and when acquired	Replacement cost price	Deduction for Wear, Tear and Depreciation	Amount allowed for Salvage	Amount claimed