



# ACROPOLIS INSURANCE BROKERS LTD.

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## CLAIM FORM FOR PROPERTY DAMAGE OR LOSS.

Applicable to Fire, Special Perils, Home Covers, 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 must be answered in full.

Name of Insurer

Type of Cover

Policy Number

Renewal date

Last premium date paid on

### INSURED

Name

Occupation / Profession

Address:

Telephone

Fax/EMail

### CIRCUMSTANCES GIVING RISE TO A CLAIM

Date of Loss

Time of Loss

When/Who discovered the loss or damage

Describe fully how the loss or damage occurred

### GENERAL INFORMATION

Type of premises involved

Were the premises unoccupied?  Yes  No. If so, when were they last occupied?

Are the premises self-contained?  Yes  No. If not, please list the names of other occupants

Are you the owner of premises?  Yes  No

Are you responsible for repairs?  Yes  No

Have you any suspicion as to parties implicated?  Yes  No

Is there any other insurance in force providing covers for this loss? If so, give particulars including insurers name, address, policy numbers, type of policy, etc.

Have you suffered similar loss or damage in the past? If so, give particulars and whether claim was made on insurers

At the time of 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**

When were the Police notified (date & time)?

Address of the Police Station?

What other steps have you taken to recover property?

Give full details of method of entry to premises

If alarm installed, did it function properly? If not, give reasons

Are guards employed? If so, name the firm

Do other parties i.e. banks have an interest on property lost or damaged? If so, state reasons

**Complete in all cases involving loss in transit**

Starting point and destination of transit

Who was accompanying property lost or damaged?

If employees, state names, age and duties

Are they insured under Fidelity Guarantee Policy? If so, give Insurer's name, address and policy number

How often is  
this transit made?

What is maximum ever  
carried at one time?

**AMOUNT CLAIMED**

Kenya Shillings

Amount \_\_\_\_\_ Please refer to the following pages 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 \_\_\_\_\_

(If Policy Holder body corporate, title of person signing & Company Stamp)

**DETAILS OF AMOUNT CLAIMED**

- If claim is for repairable damage, give particulars of the 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 below row 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 the property	Where and when acquired	Replacement Cost Price	Deduction for Depreciation	Amount allowed for Salvage	Amount Claimed
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
<b>TOTAL AMOUNT CLAIMED:</b>						

**Note:** In case of more details required, please use extra copy of this page and add to this report.