

JUBILEE ALLIANZ GENERAL INSURANCE (K) LIMITED

**Head Office:**

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**DIRECTIONS**

1. All Damaged or recovered property must be protected from further deterioration and should not be disposed of until permission is given by Allianz Insurance or its Loss Adjusters.
2. BUILDINGS, FITTINGS AND FIXTURES: The claim Form should be accompanied by a tradesman's detailed estimate. Due allowance should be made for age and depreciation, and the cost of contemplated improvements should not be included.

NOTE: This form must be completed and returned immediately to the above address.

Policy Number:

Name of Insured:  Tel No.:

Address:

Address of premises where the loss or damage occurred:

Date and Time of occurrence of the loss or damage:

How did the loss occur?

Was any damage done to the property?

What was the extent of such damage?

At the time of the loss, were the premises occupied? If so, by whom?

Was the loss caused by a third party or third party property? If yes please give details of the third party  Yes  No

Has the incident been reported to the police? If so, which Police Station?

Are there any Hire Purchase contracts in force? If so, provide details of such contracts including the interested parties  Yes  No

At the time of the occurrence of the loss or damage, were there any other Insurance in force on the property, whether effected by you or by any other party? If so, provide particulars  Yes  No

What is the estimated amount being claimed for this loss?

Have you made a claim against any other person or persons in respect of this claim? If so, provide details.  Yes  No

**SHORT NARRATION OF EVENTS LEADING TO THE LOSS AND/OR DAMAGE**

I/We declare that then above is the full and accurate statement and the sum claimed, namely, KSHS..... For the property detailed below represents the true amount of loss.

Date:

Signature of Insured:

**LIST OF ITEMS LOST OR DAMAGED**

ITEM (FULL DESCRIPTION)	PURCHASE PRICE	PURCHASE DATE AND PLACE (FULL DESCRIPTION)