



# **MISCELLANEOUS**

## **CLAIM FORM**

### JUBILEE ALLIANZ GENERAL INSURANCE (K) LIMITED

#### **Head Office:**

Allianz Plaza, 96 Riverside Drive, P.O. Box 66257 - 00800, Nairobi, Kenya Tel: +254 20 328 1000

Call Centre: +254 709 949 000 Email: talk2us@allianz.com www.jubilee-allianz.com

#### **DIRECTIONS**

- 1. All questions must be answered in full, in **BLOCK** letters, in the Claimant's own handwriting or to his dictation.
- The issuing of this form is not to be taken as an admission of liability by the insurers.
- To be used for all Property Insurance other than Marine, Motor and Plate Glass.

CL	LAIM NO.	BROKER'S/AGENT'	S REF. NO	<b>).</b>					
PC	OLICY NO.								
1.	Name of Insured in full								
2.	Postal address	ostal address Postal code							
	Telephone - Office House		Mobile						
	Email								
	ID No./Certificate of Incorporation PIN No.								
3.	. Occupation/nature of business								
4.	(a) When did the loss or damage occur? DD/MM/YYYY		Time	AM/PM					
	(b) Situation of premises or place where the loss or da								
5.	State fully how the loss or damage occurred								
6.	(a) When was the loss or damage discovered? DD/MM/Y	YYY	Time	АМ/РМ					
(b) By whom was the discovery made?									
	(c) When was the property last seen? DD/MM/YYYY		Time	AM/PM					
	d) When were the Police notified? DD/MM/YYYY								
Name of Police Station (attach Police abstract form)									

(b	) If not, when were the	ey last occupied? DD/MM/	YYYY	Time		AM/PM
8.	Was the watchman or	guard on duty at the ti	me of the occurrence?		☐ Yes	No 🗌
	Are you the sole owner of the lost or destroyed property?					No
	If not, give name(s) of any other pa	rties and nature of their interest				
			any other existing insur	ance(s) effected by yo	ou or any other person	
р	roperty for which this o	claim is made?			☐Yes	No 🗌
	Have you ever sustained a loss or claimed against any insurers for any of the risks under the policy unde is made?					
	If so, give the particulars					
	ORTANT ttach purchase invoice	s/cash sales/receipts a	nd/or trademan's estir	nate(s) to facilitate th	e processing of this clo	ıim.
ii. N	o salvage should be di	sposed off without Jub	ilee General Insurance	Limited's written perr	mission.	
12.			From whom		Amount claimed after	
	property lost or damaged	received	purchased or by whom donated	Cost price	allowing for age, wear, tear and salvage (if any)	
		Т	OTAL			
	LARATION	loo Alliana Conoral Incu	rance Limited that the	particulars in this claim	form are true and com	nloto
1/ ٧٧€	nereby decidie to Jubi	lee Allianz General Insu	rance Limitea that the D			
			·	Jarticulars III tilis claim		picte.

Yes

No 🗌

7. (a) Were the premises occupied by anyone at the time of loss or damage?