

MAYFAIR INSURANCE COMPANY LIMITED

8TH FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD

P.O. BOX 45161 – 00100, NAIROBI, KENYA

TEL: +254 20 2999 000, FAX +254 20 2999111 MOBILE: +254 733/724 256925

EMAIL: info@mayfair.co.ke



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 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..... Location	
Circumstances giving rise to Claim	5. Date and time of loss..... a.m./p.m. on.....20.....	
	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 the owner of premises?.....	
	12. Are you responsible for repairs?.....	
	13. Have you any suspicion as to parties implicated?.....	
	14. Is there any 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	
	16. At the time of the loss what was the value of: a) the bulidings?..... b) all the property in the premises?.....	
complete in all cases involving	17. When were Police notified?.....	
	18. Address of Police Station.....	

- THEFT** 19. What other steps have you taken to recover property?.....
- MALICIOUS** 20. Give full details of method of entry to premises.....
- or MISSING** 21. If alarm fitted, did it function properly? If not, give reasons.....
- ARTICALS** 22. Are guards employed? If so, name of firm

- Complete in all** 23. Starting point and destination of transit
- Cases involving** 24. Who was accompanying property lost?
- Loss in transit** 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 the 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 this policy.

Signed by the Insured Date

DETAILS OF AMOUNT CLAIMED

If claim is for repairable damage, give particulars of damage and a tradesman's estimates 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 case where reported to Police furnish a Police report.

Full description or property	When and where acquired	Replacement cost Price	Deduction for Wear, Tear and Depreciation	Amount allowed For salvage	Amount claimed