

(The issue of this form is not an admission of liability)



LION OF KENYA INSURANCE COMPANY LTD

LION OF KENYA

REPORT FORM FOR FIRE, BURGLARY AND ALL RISKS POLICIES

Policy No: _____

- 1. Name of Insured: _____ Tel. No. _____
- 2. Address (Private) _____ Tel. No. _____
- 3. Address (Business) _____ Tel. No. _____
- 4. Trade or Occupation (if more than one, state all) _____

5. Situation of premises or place where loss or damage occurred: _____

6. Date of loss or damage _____ Time _____ a.m./p.m.

7. Explain fully how the loss or damage occurred: _____

8. ADDITIONAL QUESTIONS FOR THEFT, BURGLARY AND ALL RISKS CLAIMS

- (a) When was the loss or damage discovered? Date: _____ Time: _____ a.m./p.m.
- (b) By whom was the discovery made? _____
- (c) When was the property last seen? Date: _____ Time: _____ a.m./p.m.
- (d) By who was it last seen? _____
- (e) When were the Police notified? _____ Address of Police Station _____
- (f) Have any other steps been taken to recover the property? _____
- (g) What was the total value of the contents of the premises at the time of the theft? _____
- (h) What anti theft precautions are employed in connection with
 - (a) Exterior doors _____
 - (b) Interior doors _____
 - (c) Windows _____
- (i) What further anti-theft measures do you intend to employ following this loss? _____

(j) Was a security guard on duty at the material time?
If so, please state the name of the security company engaged. _____

(k) Were the premises unoccupied? Yes/ No. If so, when were they last occupied? _____

9. Have you ever sustained a loss or claimed against any insurer for any of the risks included in the Policy under which this claim is made? If so, give particulars _____

10. Are you the sole owner of the lost, damaged or destroyed property? If not, state the name(s) of any other interested parties and the nature of their interest _____

Statement of Claim

Please note:

- (i) No damaged property should be reinstated repaired or disposed of without the agreement of the Company.
- (ii) The amount claimable is limited to the sum insured or the value of the property at the time of loss – whichever is the lesser.
- (iii) The insured should provide:
 - (a) Purchase invoice or receipt in respect of lost/ damaged item.
 - (b) Replacement or repair invoice/ receipts. If lost/ damaged item is not replaced or repaired, 3 quotations.

Description of each item of property	Date Purchased or received	Name of the owner	Replacement cost	Depreciation for age use wear and tear	Amount Claimed
				Total amount claimed	

It is hereby declared that the property described above has been actually lost, stolen or damaged in accordance with the particulars given and that all statements on this form are to the best of my/ our knowledge complete and correct.

Date Signed by or on behalf of the Insured

Name of person signing
 (Block capitals please)

