



## BURGLARY CLAIM FORM

### IMPORTANCE NOTICE

To help us deal with your claim as quickly as possible PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form

In addition to the claim form, please submit the following:

Police abstract report

Replacement invoices

#### PLEASE NOTE

- All damaged property must be protected from further deterioration and should not be disposed off until the Company or Loss adjusters give permission.
- If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.  
Remember, the more information you provide to us, the easier it will to process your claim. If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

#### Insured's Details

Insured \_\_\_\_\_ Policy Number \_\_\_\_\_

Date of payment of last premium \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Fax \_\_\_\_\_ Business or Occupation \_\_\_\_\_

V.A.T Registration No. \_\_\_\_\_ PIN No. \_\_\_\_\_

1. Please give the following details about your loss:

(a) When did it happen? On \_\_\_\_\_ (date) at \_\_\_\_\_ p.m. / a.m

(b) Where did it happen? \_\_\_\_\_  
\_\_\_\_\_

(c) How did it happen? Please give full details \_\_\_\_\_  
\_\_\_\_\_

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2. Please give the following information about your premises

(a) How were they entered? \_\_\_\_\_

(b) Were they occupied at the time?

(c) What has been the longest period of un occupancy since renewal or issue of the policy? \_\_\_\_\_

(d) Do you employ guards?      Yes       No

(e) If you do, were they on duty?      Yes       No

(e) From which security firm? \_\_\_\_\_

3. (a) Please give the estimated total value of the contents in your premises at the time of loss. Kshs. \_\_\_\_\_

(b) Please give the estimated total value of the building at the time of loss. Kshs. \_\_\_\_\_

4. Has anyone else a financial interest in the property, e.g. as owner or under a mortgage?  
Yes      No           

If yes, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Have you informed the police?      Yes       No

a) Which police station? \_\_\_\_\_

b) When? \_\_\_\_\_

6. Are you insured under any other policy for this loss      Yes       No

If so, please give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What measures have you taken to prevent a recurrent of this loss? \_\_\_\_\_  
\_\_\_\_\_

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Please list all the missing or damaged property on this table, and complete all the spaces.

Full description property	Where and when acquired	Replacement cost price	Deducting for wear, tear and depreciation	Amount allowed for salvage	Amount claimed

**DECLARATION**

I/We declare that the foregoing answers are true and complete to the best of my/our knowledge.

Signature \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_