



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
Tel: +254-20-2900000/2692250 Cell: 0722-444117/0733-605480 Fax: 020-2900200/2692290 Email: hoinfo@firstassurance.co.ke,
- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya
Tel: +254-41-476494/700, 020-2684012, Fax: +254-41-4470602 Email: msainfo@firstassurance.co.ke
- **KISUMU BRANCH** - United Mall, Ground Floor, Kisumu-Kakamega Road, P.O. Box 186 - 40100, Kisumu, Kenya. Tel: 057-2024102, 020-2030576/208250, Fax: 057-2024063. Email: ksminfo@firstassurance.co.ke. Website: www.firstassurance.co.ke

PROPERTY DAMAGE OR THEFT CLAIM FORM

(APPLICABLE TO BURGLARY, MONEY, DOMESTIC PACKAGE, AND ALL RISKS CONTRACTORS' ALL RISKS, BAGGAGE, GOLFERS, GOODS IN TRANSIT ETC)

Policy Holder: _____ Telephone: _____

Address: _____ Postal Code: _____

Town/City: _____

Business or Occupation: _____

Policy No: _____ Expiry Date: _____

COMPLETE IN ALL CASES INVOLVING THEFT FROM BUSINESS AND RESIDENTIAL PREMISES AND SITES.

State purposes for which the premises are occupied _____

Are the premises self-contained? _____ If not, name of other occupants _____

Are you the sole owner of the insured property? _____ If not give names and addresses of the other party interested therein _____

Are you responsible for repairs? _____

Were the premises entered forcibly? _____ If so, how was entrance affected? _____

Were the premises occupied at the time of theft or loss? _____

If alarm fitted, did it function properly? _____ If not, give reasons _____

Are guards employed? _____ If so, name & address of firm _____

Do you suspect anyone of the theft or loss? _____

What steps are being taken to prevent a recurrence of the loss? _____

Have you ever suffered similar theft or loss? _____ If, so give particulars and whether a claim was made on insurers? _____

What was the total value of the contents of the premises occupied by you before theft or loss occurred? _____



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COMPLETE IN ALL CASES INVOLVING TRANSIT (MONEY-, GOODS-IN-TRANSIT)

Commencing and destination point of Transit _____

Name and address of carrier _____

Who was/ were accompanying the property lost? _____

If employees, state their names, occupations and duties _____

Are they insured under Fidelity Guarantee Policy? _____ If so, state the insurers' name, address and policy number(s)

Have you made a claim against the carrier? _____ If so, please attach evidence

What is the maximum amount of goods/cash ever carried at any one time? _____

COMPLETE IN ALL CASES INVOLVING ALL RISKS GOLFERS BAGGAGE ETC:

Where and on what date was the loss or damage first discovered and by whom? _____

If articles are missing, where and on what date were they last seen? _____

How did the loss or damage occur? _____

What steps have you taken to recover the missing or lost property? _____

THIS SECTION MUST BE COMPLETED IN ALL CASES

Theft or loss occurred on: Date _____ Time _____

When Insured became aware of theft or loss: Date _____ Time _____

When reported to police: Date _____ Time _____

State address of police authorities to whom theft or loss were reported _____



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Are there any other insurances in force providing covers for this property? _____ If so give particulars

Statement of circumstances of loss or damage: _____

AMOUNT CLAIMED

Kenya Shillings: _____
(Please refer page herein 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 the policy.

Date _____ Signature & Stamp of Policy Holder _____



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NOTE: The amount to be held claimed on any article is limited to the actual intrinsic value of the article at the time of loss. The amount of damage must be stated at the foot and an estimate for the necessary repairs should be procured and forwarded with the statement.

Full description of Article	Name and address of owner	Date of Purchase or presentation	Name and address where purchased or if a present, name and address of giver	Cost price vouchers to be produced if available	Deductions for Age, use or Wear and Tear	Amount (Kshs)

Signature & Stamp of Policy Holder: _____

Date: _____