



FIDELITY SHIELD
INSURANCE COMPANY LIMITED

HEAD OFFICE

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MOMBASA BRANCH

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ELDORET BRANCH

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KISUMU BRANCH

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PUBLIC LIABILITY CLAIM FORM

Policy Number.....Date of Payment last premium:.....

Name of Insured.....

Address.....

Telephone No.....

Email Address:.....

Trade or Occupation (if more than one state all).....

Date of accident..... Time a.m/p.m.

Place.....

Explain fully how accident occurred

When was the accident reported to you? By whom?.....

Did the accident arise from the activities of persons in your direct employment?.....

If so give name and address of employees and results of internal investigations.....

Name and addresses of any witnesses.....

Name and addresses of any other witnesses

Was the accident reported to the Police? Details of officer or station.....

.....

Persons (other than your own employees) who sustained injury or damage to property

Name	Address	Details of injury and damage
.....
.....

Is there any other insurance indemnifying you in respect of this accident?.....

.....
If so give name and address of Insurers.....

Has any claim been made against you?.....

.....
If so, give details

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED IF THE ACCIDENT AROSE OUT OF A DEFECT IN PREMISES

If you are the owner give name and address of tenant

.....
If you are the occupier give name of owner

.....
What is the net annual rental.....

For what purposes are the premises used?.....

Are you responsible for repairs?.....

When was the property last inspected By whom?.....

NOTE

All communications and claims received by you concerning accident are to be forwarded immediately without acknowledgement.

I/We that these particulars are true and complete. I/We understand that the information on this form may be submitted to solicitors for us in connection with any litigation arising out of this accident.

Date:.....Signature of Insured.....

(If a Limited Company give status of signatory)