



It Pays!

REAL INSURANCE COMPANY LIMITED

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CLAIM FORM FOR PROPERTY DAMAGE BY FIRE

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 _____	
Circumstance 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 occupied? Yes/No. If not, when were they last occupied? _____	
	10.	Are the premises self-contained? If not, name other occupants _____	
	11.	Are you owner of premises? _____	
	12.	Are you responsible for repairs? _____	
	13.	Have you any suspicion as to parties implicated? _____	
	14.	Is there any other 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 loss what was the value of (a) Building? _____ (b) All other property in the premises? _____	
Complete in all cases involving THEFT MALICIOUS DAMAGE or MISSIONG ARTICLES	17.	When were Police notified? _____	
	18.	Address of Police Station _____	
	19.	What other steps have you taken to recover property? _____	
	20.	Give full details of method of entry to premise _____	
	21.	If alarm fitted, did it function properly? If not give reasons _____	
	22.	Are guards employed? If so, name of firm _____	
Complete in all cases involving loss in transit	23.	Starting point and destination of transit _____	
	24.	Who was accompanying property lost? _____	
	25.	If employees, state age and duties _____	
	26.	Are they insured under Fidelity Guarantee Policy? If so, Insurer's Name Address and Policy No _____	
	27.	How often is this transit made? _____	
	28.	What is maximum ever carried at one time? _____	
Amount Claimed	29.	Kenya Shillings _____	

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 of Claimant _____
(If Policy Holder body corporate, title of person signing)



DETAILS OF AMOUNT CLAIMED

If claim is for repairable damage, give particulars of damage and a tradesman's estimate for the repairs necessary.

If claim is for irreparable damage of 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 cases where reported to Police please furnish a Police report.

Full description of property	Where and when acquired	Replacement cost price	Deduction for Wear, Tear and Depreciation	Amount allowed for Salvage	Amount Claimed