

INVESCO ASSURANCE COMPANY LIMITED

Head office, LR 3734/29 Chalbi Drive, Isaac Gathanju Road, Lavington Tel: 0202605220 / 0715316830/0730180 200/1-10

CLAIM FORM FOR PROPERTY DAMAGE OR LOSS

Applicable to Fire , Special Perils, "Home" Covers, Theft, All Risk, Money Baggage and Glass 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

POL	ICY NO.		RENEWAL DATE	Date of Pay	ment of Last Premium			
SEC	CTION 1 - PERSONAL DE	TAILS						
1.	Full Name of Insured							
2.	Contact Details: (1	TEL):		ID NO:				
	PII	N NO:			[
	(Add	ress):	(cc	ode):	(town/city	y):		
3.	Business or Occupation							
SEC	CTION 2 - CIRCUMSTANC	CES GIVING RIS	E TO CLAIM					
4.	Date of Loss			Time				
5.	Where loss/damage occ	urred						
6.	Describe fully how loss of	r damage occurr	ed					
SEC	TION 3 - GENERAL							
NF	ORMATION							
7.	Type of premises involved.							
	mvorved.							
8.	Were the premises unoc	cupied? If so v	when were they last o	ccupied?				
٠.	The same promises union							
9.	Are the premises self-con	ntained? If not	t, name of other occur	pants ?				
10.	Are you responsible for	repairs ?						
	Have you any suspicion	_						
			- 					
	Is there any other insura		-					
	If so, give particulars including insurers name, address and policy No.							

	At the tim	ne of the loss what was	the value of:	(a) the			
		(b) all the p	roperty		in the premises?		
			1 7				
13.	Have you e	ever suffered similarlos s.	s or damage?	Ifso, give	eparticularsand wheth	er claimwas made	SECTION 4 - COMPLET IN ALL CASES
							INVOLVING THEFT,
MA	LICIOUS	DAMAGE OR MISS	ING ARTICLE	S			
15.	When wer notified?	re the Police					
16.	Address o	of Police Station					
				Page 1 3			
17.	Whatother	steps have you taken t	o recover proper	ty.			
10	C: . C 11.1						
18.	Givefulld	etails of method of entr	y to premises				
19.	If alarn	n is fitted, did it function	on properly? If	f not, give reasons			
						20. Are gu employed?	
nam	e of firm					empioyeu: 1	11 50,
SEC'	TION 5 - 0	COMPLETE IN CASE	S INVOLVING	LOSS IN TRANS	SIT		
21.	Starting po	oint and destination of t	ransit:				
22.		accompanyingproperty ees, state age and duties					
23.		nsured under FidelityGorers name, address and					
24	Howoften	is this transit made?					
		aximumever carried at	one time ?				

26.	State Amount Claimed:	Kshs.	

Please refer overleaf for details.

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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, Mortgage, Trustee or otherwise except as mentioned in the Policy.

Date	Sign (And rubber stamp if corporate)
	(if Policyholder is body cornorate title of person signing)

Page 2 | 3

DETAILS OF AMOUNT CLAIMED

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

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