



# OCCIDENTAL INSURANCE COMPANY LTD

## LEGAL CLAIMS APPROVAL SHEET

Broker/Agent: NORTHRIDGE INSURANCE

Claim No: CL/CV1/23/60607/23

Vehicle: KCE 727Y

Insured: INTERGRATED INTERIORS LTD

Date Of Loss: 24-07-2023

Policy No: COMP/07/63280/10

Policy Period: 30-10-2022 - 29-10-2023

Insured's Claim In Kshs: 100000

Nature of claim: {OD} {TPPD} {TPPI} {ECL}

### PREMIUM PAYMENT CONFIRMATION

Premium Payable: Ksh ..... Premium Already Paid Premium Paid { } Premium Not Paid { }

If Paid	DATE	RECEIPTNO	AMOUNT
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
TOTAL			.....

COMMENTS:

*paid on Acc Justice*

Sign

*[Signature]*

Date

*29/9/23*

Facts In brief:

Any breach of the policy conditions:

Having confirmed the payment under this policy we confirm it is in order to

1) Appoint investigator 2) Appoint Advocate 3) Proceed to negotiate 4) Refer Second Medical

For LEGAL DEPARTMENT

Prepared by: Everlyne Kyalo .....Date .....

Proposed/Appointed Advocate/Investigator .....

RECOMENDATIONS/CLAIM /APPROVAL: .....

LEGAL OFFICER COMMENTS: .....

Sign

Date

HEAD OF DEPARTMENT COMMENTS: .....

Sign

Date

COO / GENERAL MANAGER COMMENTS: .....

Sign

Date

MANAGING DIRECTOR / CEO COMMENTS: .....