



OCCIDENTAL INSURANCE COMPANY LTD

MOTOR CLAIMS APPROVAL SHEET

Broker/Agent: REALTOUCH INSURANCE Claim No: CP/CV1/23/62042/24 Vehicle: KCQ 871A
Insured: THE THIRD ENGINEERING BUREAU OF CC Accident Date: 08-01-2024 Recovery status: PENDING
Sum Insured: 0 Policy No: COMP/08/525394/04 Policy Period: From 14-04-2023 To 13-04-2024

Nature: OD ☒ TPPD ☐ TPPI ☐ LF ☐ EXCESS:KshIF PAID {YES} {NO}

Amt Approved: Claim Reserve:20000 NO BLAME EXCESS APPLICABLE ☐ YES

PREMIUM PAYMENT CONFIRMATION

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

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

TOTAL

Name: _____ Sign _____

I.P.F Availed: Yes { } No { } Bank Interest Involved: Yes { } No { } Bank Name: _____

Comments _____

Name _____ Sign _____ Date _____

CLAIM DEPARTMENT COMMENTS

Assessor's Comment _____

Name _____ Sign _____ Date _____

CLAIMS: Having confirmed the payment of premiums under this policy we confirm it is in order to

1. Authorise Repair { } 2. Authorise Payment { }.Approve Settlement { }

CLAIMS OFFICER COMMENTS: _____

_____ Sign _____ Date _____

HEAD OF DEPARTMENT COMMENTS: _____

_____ Sign _____ Date _____

COO COMMENTS: _____

_____ Sign _____ Date _____

COO / GENERAL MANAGER COMMENTS: _____

_____ Sign _____ Date _____

MANAGING DIRECTOR / CEO COMMENTS: _____

_____ Sign _____ Date _____