



OCCIDENTAL INSURANCE COMPANY LTD

MOTOR CLAIMS APPROVAL SHEET

Broker/Agent: TEBREISA INSURANCE

Claim No: CL/MCB1/23/61147/23

Vehicle: KMGJ 547W

Insured: NICODEMUS SONYE ORUKO

Accident Date: 16-10-2023

Recovery status: PENDING

Sum Insured: 0

Policy No: COMP/MCB/602245/05

Policy Period: From 05-06-2023 To 04-06-2024

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

Amt Approved: Claim Reserve:162000 NO BLAME EXCESS APPLICABLE ☐ YES

PREMIUM PAYMENT CONFIRMATION ☐ NO

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

Assesor'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 _____