

JUBILEE ALLIANZ GENERAL INSURANCE (K) LIMITED

Head Office:

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DIRECTIONS

1. All questions must be answered in full, in **BLOCK** letters, in the Claimant's own handwriting or to his dictation.
 2. The issuing of this form is not to be taken as an admission of liability by the insurers.
- To be used for all Property Insurance other than Marine, Motor and Plate Glass.

CLAIM NO.

BROKER'S/AGENT'S REF. NO.

POLICY NO.

1. Name of Insured in full

2. Postal address

Postal code

Telephone - Office

House

Mobile

Email

ID No./Certificate of Incorporation

PIN No.

3. Occupation/nature of business

4. (a) When did the loss or damage occur? DD/MM/YYYY

Time

AM/PM

(b) Situation of premises or place where the loss or damage occurred

5. State fully how the loss or damage occurred

6. (a) When was the loss or damage discovered? DD/MM/YYYY

Time

AM/PM

(b) By whom was the discovery made?

(c) When was the property last seen? DD/MM/YYYY

Time

AM/PM

(d) When were the Police notified? DD/MM/YYYY

Name of Police Station (attach Police abstract form)

7. (a) Were the premises occupied by anyone at the time of loss or damage? Yes No

(b) If not, when were they last occupied? *DD/MM/YYYY* Time *AM/PM*

8. Was the watchman or guard on duty at the time of the occurrence? Yes No

9. Are you the sole owner of the lost or destroyed property? Yes No
If not, give name(s) of any other parties and nature of their interest

10. Was there at the time of the loss or damage any other existing insurance(s) effected by you or any other persons on the property for which this claim is made? Yes No

11. Have you ever sustained a loss or claimed against any insurers for any of the risks under the policy under which this claim is made?	Yes	No
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If so, give the particulars

IMPORTANT

- i. Attach purchase invoices/cash sales/receipts and/or trademan's estimate(s) to facilitate the processing of this claim.
- ii. No salvage should be disposed off without Jubilee General Insurance Limited's written permission.

[illegible]

DECLARATION

I/We hereby declare to Jubilee Allianz General Insurance Limited that the particulars in this claim form are true and complete.

Date _____ Signature of Insured _____