CIC GENERAL INSURANCE LTD.





Paybill: 600112

Agency / Broker:			
Applicable to: Fire, Domestic Package, Bur The issue of this form is not an admission of liabili	rglary, All Risk, Money, G ity on the part of the Compar	lass and Goods in tr ny. All questions on this	ansit. Form must be answered in full
Insured Details			
Name:			
Postal Address:		Town	:
Age: Years Tel No:	Mobile:		
Occupation:			
Email:			
Financer Details (<i>If any</i>):			
Circumstances			
1. Date of loss:	Time: AN	M: PM:	
2. Where did the loss or damage occur:			
3. Describe fully how loss or damage occur	red:		
4. Is the premises fitted with an alarm? Ye If not, expalin:	es: No: If yes, w	vas it activated?	Yes: No:
5. Is the premises guarded? Yes: 1	No: If yes, name of s	ecurity firm:	
6. Were the premises occupied? Yes: 1	No: If not, when wer	e they last occupied	d?
7. Are you the owner of the premises: Ye	es: No: If not, a	re you responsible f	or repairs Yes: No:
8. Are there people implicated in the loss: If yes, give details:	Yes: No:		
9. Is there any other insurance in force pro If yes, give particulars including insurer's n		s? Yes: No:	
10: Have you ever suffered similar loss or of the second street inverses, give particulars including insurer inverses.		No:	
11. Were police notified Yes:	No:		
12. If yes, attach the police abstract report	t:		

13. What steps have you taken to recover the lost property?							
Complete in all cases involving LOSS OF MONEY & GOODS IN TRANSIT							
1. Transit from: To:							
2. How often is this transit made?							
3. What is the maximum ever carried at one time?							
4. Who was accompanying the property lost?							
5. If employees, state how many? Position(s)							
6. Do you suspect involvement of the employee in the loss? Yes: No:							
7. Are they insured under Fidelity Guarantee Policy? Yes: No: No:							
Details of Amount Claimed NB: - If claim is for repairable damage, give particulars of damage and a trademan's estimate for the repairs necessary. - If claim is for irreparable damage or loss, list the items below comleting all columns and attach either proforma invoice, replacement receipts or purchase receipts							
Full Description of Property	Where and When Acquired	Purchase Price	Replacement Cost	Details of Salvage or Recovered Property			
		Total					
I/We hereby declare that the whole of the statements made by me/us in claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.							
Date:	Signature & Stamp:						
Title: (If Policy holder is body/corp	porate, title of person sign	ning)					
	CIC GENERAL	INSURAN	CE LTD.				

◆ CIC PLAZA MARA ROAD, UPPERHILL
◆ P.O. BOX 59485-00200 NAIROBI, KENYA

C +254 020 282 3000, 0703 099 120 **@** callc@cic.co.ke **@** www.cic.co.ke