GEMINIA INSURANCE COMPANY LIMITED
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PROPERTY DAMAGE OR LOSS
CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation

Policy No_____ **Date of Payment of last premium**_____

INSURED

Name_____ Address_____

Telephone No._____ Business or Occupation_____

CIRCUMSTANCES GIVING RISE TO CLAIM

Date and time of loss_____ am/pm on_____ 20_____

Where loss or damage occurred_____

Describe fully how loss or damage occurred_____

GENERAL INFORMATION

Type of Premises involved_____

Were premises unoccupied? ☐ Yes ☐ No

If so, when last occupied?_____

Are premises self contained? ☐ Yes ☐ No

If so, when last occupied?_____

Are you owner of premises?_____

Are you responsible for repairs?_____

Have you any suspicious as to panics implicated?_____

Is there any other Insurance in force providing cover for this loss? ☐ Yes ☐ No

If so give particulars including insurers name, address, and policy no._____

Have you ever suffered similar loss or damage? ☐ Yes ☐ No

If so, give particulars and whether claim was made on insurers_____

At the time of the loss what was the value of

a) the building?_____

b) all the property in the premises?_____

When were Police notified? ☐ Yes ☐ No

COMPLETE IN ALL CASES INVOLVING THEFT MALICIOUS DAMAGE OR MISSING ARTICLES

When were Police notified? ☐ Yes ☐ No

Address of Police Station _____

What other steps have you taken to recover property? _____

Give full details of freehold of entry to premises _____

_____

If Alarm fitted, did it function properly? ☐ Yes ☐ No

If not, reason _____

Are guards employed? ☐ Yes ☐ No

Starting point and destination of transit _____

Who was accompanying property lost? _____

If employees, state age and duties _____

_____

Are they Insured under Fidelity Guarantee Policy? ☐ Yes ☐ No

If so, Insurers name, address and Policy No _____

How often is this transit made? _____

What is maximum ever carried at one time? _____

AMOUNT CLAIMED

K.Shs. _____ Please refer overleaf for details _____

I/we declare that /we have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that articles and property described overleaf belong to me/us and that no other person has any interest thereon whether as Owner, Mortgage Trustee or otherwise except as mentioned in the Policy.

Date _____ Signed _____

DETAILS OF AMOUNT CLAIMED

I/we declare that I/we have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that articles and property described overleaf belong to me/us and that no other person has any interest thereon whether as Owner, Mortgage Trustee, or otherwise except as mentioned in the Policy.

Full description of property	Full description of property	Replacement Cost Price	Deduction for Wear Tear and Depreciation	Amount allowed for Salvage	Amount Claimed