

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

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