GEMINIA INSURANCE COMPANY LIMITED

Head office: Le'Mac, 5th Floor P.O. Box 61316-00200, Nairobi Tel: 2782000 Fax: 2782100 Email: info@geminia.co.ke

www.geminia.co.ke



PROPERTY DAMAGE OR LOSSCLAIM 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				
-				
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?			Yes No	

Are you responsible for repairs?	Yes No				
Have you any suspicious as to panics implicated?	☐Yes ☐No				
Is there any other Insurance in force providing cover for this loss?	Yes No				
If so give particulars including insurers name, address, and pol	olicy 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 DAMAG	GE 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					
KshsPlease refer over	rleaf for details				
I/we declare that /we have not withheld any material information and th					
of my/our knowledge and belief and that articles and property described any interest thereon whether as Owner, Mortgage Trustee or otherwise experiences.	ed overleaf belong to me/us and that no other person has				
ateSigned					

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