

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 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? ☐ 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 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