MAYFAIR INSURANCE COMPANY LIMITED

 $8^{\rm TH}$ FLOOR MAYFAIR CENTRE, RALPH BUNCHE ROAD P.O. BOX 45161-00100, NAIROBI, KENYA

TEL: +254 20 2999 000, FAX +254 20 2999111 MOBILE: +254 733/724 256925

EMAIL: info@mayfair.co.ke



Claim Form for Property Damage or Loss

Applicable to Fire, Special Perils, "Home" Covers, Theft, All Risks, Money, Baggage and Glass

The issue of this form is not an admission of liability on the part of the company. All questions on this form must be answered in full.

Policy No.		1.RENEWAL DATE: Date of payment of last premium:
	2.	Name
Insured	3.	Address Telephone No.
	4.	Business or occupationLocation
Circumstances	5.	Date and time of lossa.m./p.m. on20
giving rise to	6.	Where loss or damage occurred
Claim	7.	Describe fully how loss or damage occurred
	8.	Type of premises involved
General	9.	Were the premises unoccupied? Yes/No. If so, when were they last occupied?
Information	10.	Are the premises self-contained? If not, name of other occupants
	11.	Are you the owner of premises?
	12.	Are you responsible for repairs?
	13.	Have you any suspicion as to parties implicated?
	14.	Is there any insurance in force providing covers for this loss? If so, give particulars including Insurers
		name, address and Policy No

	15.	Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on			
		Insurers			
	16.	At the time of the loss what was the value of: a) the bulidings?			
		b) all the property in the premises?			
complete in all	17.	When were Police notified?			
cases involving	18.	Address of Police Station			
THEFT	19.	What other steps have you taken to recover property?			
MALICIOUS	20.	Give full details of method of entry to premises			
or MISSING	21.	If alarm fitted, did it function properly? If not, give reasons			
ARTICALS	22.	Are guards employed? If so, name of firm			
Complete in all	23.	Starting point and destination of transit			
Cases involving	24.	Who was accompanying property lost?			
Loss in transit	25.	If employees, state age and duties			
	26.	Are they insured under Fidelity Guarantee Policy? If so, Insurers name, address and Policy No			
	27.	How often is the transit made?			
	28.	What is maximum ever carried at one time?			
Amount Claimed	d 29.	Kenya Shillings Please refer overleaf for details.			
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 whether as owner, Mortgagee, Trustee or otherwise except as mentioned in this policy.					
Signed by the Ins	sured	Date			

DETAILS OF AMOUNT CLAIMED

If claim is for repairable damage, give particulars of damage and a tradesman's estimates for the repairs necessary.

If claim is for irreparable damage or loss, list items below completing all columns (if Policy cover is on new replacements may be helpful. reinstatement basis, the column for wear, tear and depreciation is not applicable). Supporting estimates for

In case where reported to Police furnish a Police report.

Full description or property
When and where acquired
Replacement cost Price
Deduction for Wear, Tear and Depreciation
Amount allowed For salvage
Amount claimed

