

GEMINIA INSURANCE COMPANY LIMITED

CLAIM FORM FOR PROPERTY DAMAGE OR LOSS

applicable, Fire, Special Perils, 'HOME' Covers, Theft, All Risks, Money, Baggage, Glass

The issue of this for is not an admission of liability on the part of the Company

Policy No.	1	Date of Payment of last premium
INSURED	2	Name _____
	3	Address _____
	4	Telephone No. _____
	4	Business or Occupation _____
Circumstances giving rise to claim	5	Date and time of loss _____ am/pm on _____ 20____
	6	Where loss or damage occurred _____
	7	Describe fully how loss or damage occurred _____ _____ _____
General INFORMATION	8	Type of Premises involved _____
	9	Were premises unoccupied? If so, when last occupied? _____
	10	Are premises self contained? If not, name other occupants _____
	11	Are you owner of premises? _____
	12	Are you responsible for repairs? _____
	13	Have you any suspicious as to parties implicated? _____
	14	Is there any other Insurance in force providing cover 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 _____
Complete in All cases involving THEFT MALICIOUS DAMAGE or MISSING ARTICLES	16	At the time of the loss what was the value of a) the building? _____ b) all the property in the premises? _____
	17	When were Police notified? _____
	18	Address of Police Station _____
	19	What other steps have you taken to recover property? _____
	20	Give full details of freehold of entry to premises _____
	21	If Alarm fitted, did it function properly? If not, reason _____
Complete in All cases involving loss in transit	22	Are guards employed? _____
	23	Starting point and destination of transit _____
	24	Who was accompanying property lost? _____
	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 this transit made? _____
	28	What is maximum ever carried at one time? _____
	29	Amount claimed K.Shs. _____ 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 thereon whether as Owner, Mortgage Trustee or otherwise except as mentioned in the Policy.

Date _____ Signed _____

(If Policy holder body corporate, title of person signing)

DETAILS OF AMOUNT CLAIMED

If claim is for repairable damage, give particulars of damage and a tradesman's estimate for the repairs necessary. If claim is for irreparable damage or loss, list items below completing all columns (If Policy cover is on new reinstatement basis, the column for Wear, Tear and depreciation is not applicable). Supporting estimates for replacements may be helpful. In cases where reported to police please furnish a police report.

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