



**INTRA AFRICA  
ASSURANCE  
COMPANY LIMITED**  
(INCORPORATED IN KENYA)

THE CENTRE POINT BRANCH 2<sup>ND</sup> FLOOR  
PARKLANDS ROAD  
NEXT TO ENGEN PETROL STATION  
P.O BOX 49884-00100,NAIROBI ,KENYA  
TEL: 3743991/955 FAX 3743460  
Email :[branchclaims@intraafrica.co.ke](mailto:branchclaims@intraafrica.co.ke)

## General Claim Form

This form should be completed and returned within seven days of its receipt by Insured.

### Particulars of Claim

Name of Insured in full \_\_\_\_\_ Tel. No. \_\_\_\_\_

Policy No. \_\_\_\_\_

Address \_\_\_\_\_ Code \_\_\_\_\_ Town \_\_\_\_\_

1. a) State whether the property was stolen, lost or damaged.

b) If stolen, do your suspicions rest on anyone, and, if so, whom?

c) When and where was the property last seen by you?

2. State the circumstances under which the theft, loss of damage took place.

3. On what date and time was the theft, loss or damage discovered and by whom?

4. Are you the sole owner of the property? If not, give name of owner.

5. If the claim is in respect of any article not separately mentioned, give the number of the Policy, item and the present value of all the property to which that item applies.

6. If the property was stolen or lost give the date the police were advised and name the Station. (In all such cases the police must be advised promptly)

7. Are there other Insurances on the same property? If so, indicate amount and Insurance Co.

8. Have you previously sustained any theft or loss of or damage to property? Was a claim made upon any Company or Underwriter's? If so, give name, date, nature of loss and amount paid.

I HEREBY WARRANT the truth of the foregoing statement

Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

**LIST OF ITEM STORLEN /DAMAGED**

Full Description of articles stolen, Lost or damaged	From whom obtained (Name and Address )	Date Purchased or acquired	Net Cost	Deduct for age use/wear & tear	Sum Claimed