

## 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

 ${\bf Email:} branch claims@intraafrica.co.ke$ 

## **General Claim Form**

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

<b>Particulars</b>	of Claim

Name of Insured in full			Tel. No			
Policy No						
Address	Code	Town				
b) If stole anyone, an	whether the property was steen, do your suspicions and, if so, whom?	rest on				
	u?  recumstances under whice of damage took place.	h the				
	e and time was the theft, scovered and by whom?	loss or				
4. Are you the s	sole owner of the property of owner.	? If not,				
separately r Policy, iter	is in respect of any art mentioned, give the number m and the present value of which that item applies	er of the of all the				
the police v	ty was stolen or lost give the were advice and name the cases the police must be	Station.				
property?	other Insurances on the					
loss of or d made upon	previously sustained any lamage to property? Was any Company or Underwiname, date, nature of lo d.	a claim riter's? If				
I HEREBY WA	ARRANT the truth of the					
Name		Sign		Data		

## LIST OF ITEM STORLEN /DAMAGED

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