

GENERAL POLICY



CLAIM FORM

The Jubilee Insurance Company of Kenya Limited Head Office:

Jubilee Insurance House, Wabera Street,
P.O. Box 30376 - 00100 GPO, Nairobi, Kenya
Email: jic@jubileekenya.com

Mombasa:

Jubilee Insurance Building, Moi Avenue,
P.O. Box 90220 - 80100, Mombasa, Kenya
Email: mombasa@jubileekenya.com

Kisumu:

Jubilee Insurance House, Oginga Odinga Road,
P.O. Box 378 - 40100, Kisumu, Kenya
Email: kisumu@jubileekenya.com

DIRECTIONS:

Please read carefully and fill out the entire form.

1. All questions must be answered in full, in BLOCK letters, in the Claimant's own handwriting or to his dictation.

2. The issuing of this form is not to be taken as an admission of liability by the insurers.

Claim No. Broker's/AGENT'S Ref. No.

Policy no.

Name of Insured in full

Postal address Postal code

Telephone - Office House Mobile

Email

Occupation/nature of business

When did the loss or damage occur? day/month/year Time am/pm

Situation of premises or place where the loss or damage occurred

State fully how the loss or damage occurred

When was the loss or damage discovered? day/month/year Time am/pm

By whom was the discovery made?

When was the property last seen? day/month/year Time am/pm

When were the Police notified? day/month/year

Name of Police Station (attach Police abstract form)

Were the premises occupied by anyone at the time of loss or damage? Yes No

If so, by whom?

If not, when were they last occupied? day/month/year Time am/pm

Was the watchman or guard on duty at the time of the occurrence?

Yes No

Are you the sole owner of the lost or destroyed property?

Yes No

If not, give name(s) of any other parties and nature of their interest

Was there at the time of the loss or damage any other existing insurance(s) effected by you or any other persons on the property for which this claim is made?

Yes No

Have you ever sustained a loss or claimed against any insurers for any of the risks under the policy under which this claim is made?

Yes No

If so, give particulars

IMPORTANT

- (i) Attach purchase invoices/cash sales/receipts and/or trademan's estimate(s) to facilitate the processing of this claim.
- (ii) No salvage should be disposed off without The Jubilee Insurance Company of Kenya Limited's written permission.

Description of the property lost or damaged	Date purchased or received	From whom purchased or by whom donated	Cost price	Amount claimed after allowing for age, wear, tear and salvage (if any)
			TOTAL	

DECLARATION

I/We hereby declare to The Jubilee Insurance Company of Kenya Limited that the particulars in this claim form are true and complete.

Date _____ Signature of Insured _____