PROPERTY DAMAGE OR LOSS CLAIM FORM

PLATE GLASS INSURANCE

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

The issuance 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.: _____ Renewal Date: _____ Claim No.: _____

A. INSURED

1. Name: _____
2. Address: _____ Telephone No.: _____
3. Business or Occupation: _____

B. CIRCUMSTANCES GIVING RISE TO CLAIM

4. Date of loss: _____ Time of loss (a.m./p.m.): _____
5. Where did the loss or damage occur? _____
6. Describe fully how the loss or damage occurred:

_____

_____

C. GENERAL INFORMATION

7. Type of premises involved: _____
8. Were the premises unoccupied? ☐ Yes ☐ No

   If so, when were they last occupied? _____
9. Are the premises self-contained? ☐ Yes ☐ No

   If not, name of other occupants: _____
10. Are you the owner of the premises? ☐ Yes ☐ No
11. Are you responsible for repairs? ☐ Yes ☐ No
12. Have you any suspicion as to parties implicated? _____
13. Is there any other insurance in force providing cover for this loss? ☐ Yes ☐ No

    If so, give particulars, including the insurer's name, address and policy number:

_____

_____

Cannon General Insurance (K) Limited

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Regulated by the Insurance Regulatory Authority

14. Have you ever suffered similar loss or damage? Yes No

If so, give particulars and whether a claim was made on insurers:

_____

_____

15. At the time of the loss, what was the value of:

(a) the buildings? _____ KES

(b) all the property in the premises? _____ KES

D. COMPLETE IN ALL CASES INVOLVING THEFT, MALICIOUS DAMAGE OR MISSING ARTICLES

16. When were the police notified? _____

17. Address of police station: _____

18. What other steps have you taken to recover property? _____

19. Give full details of the method of entry to the premises:

_____

20. If an alarm was fitted, did it function properly? If not, give reasons: _____

21. Are guards employed? ☐ Yes ☐ No

If so, name of firm: _____

E. COMPLETE IN ALL CASES INVOLVING LOSS IN TRANSIT

22. Starting point and destination of transit: _____

23. Who was accompanying the property lost? _____

24. If employees, state age and duties: _____

25. Are they insured under a fidelity guarantee policy? Yes No

If so, insurer's name, address and policy number: _____

26. How often is this transit made? _____

27. What maximum amount is ever carried at one time? _____ KES

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F. AMOUNT CLAIMED

28. Amount claimed (please give details in the next section): _____ KES

G. DETAILS OF AMOUNT CLAIMED

If the claim is for repairable damage, give particulars of the damage and a tradesman's estimate for the repairs necessary. If the claim is for irreparable damage or loss, list the items below, completing all columns (if the policy cover is on a new reinstatement basis, the column for wear, tear and depreciation is not applicable). Supporting estimates for replacements may be helpful.

Full Description of Property	Where and When Acquired	Replacement Cost Price (KES)	Deduction for Wear, Tear and Depreciation	Amount Allowed for Salvage	Amount Claimed (KES)

H. DECLARATION

I/We declare that I/we have not withheld any material information and that all statements on this form are true to the best of my/our knowledge and belief, that the articles and property described in this form belong to me/us, and that no other person has any interest whatever as owner, mortgagee, trustee or otherwise, except as mentioned in the policy.

Signature: _____ Date: _____

Click to Submit

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