

PROPERTY DAMAGE OR LOSS

Applicable to Fire, Special Perils, "Home" Covers, Theft, All Risks, Money, Fidelity Guarantee, Goods In Transit, Public Liability and Professional Indemnity

**The issue 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.	1. RENEWAL DATE	2. CLAIM NO.
Insured	1. Name _____ 2. Address _____ Telephone No. _____ 3. Business or Occupation _____	
Circumstances giving rise to Claim	4. Date and time of loss _____ a.m./p.m. on _____ 5. Where loss of Damage occurred _____ 6. Describe fully how loss or damage occurred _____	
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? If not, name of other occupants _____ 10. Are you owner of the premises? _____ 11. Are you responsible for repairs? _____ 12. Have you any suspicion as to parties implicated? _____ 13. Is there any other Insurance in force providing covers for this loss? If so, give particulars including Insurers name, address and Policy No _____ 14. Have you ever suffered similar loss or damage? If so, give particulars and whether claim was made on Insurers _____ 15. At the time of the loss what was the value of a) the buildings? _____ b) all the property in the premises? _____	
Complete in all cases involving Theft, Malicious Damage or Missing articles	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 method of entry to premises _____ 21. If alarm fitted did it function properly? If not, give reasons _____ 22. Are guards employed? If so, name of firm _____	
Complete in all cases involving Loss in Transit	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 maximum ever carried at one time _____	
Complete in Public Liability cases	29. When was the accident reported to you and by whom? _____ 30. Who was responsible for the accident and why? _____ 31. Was the accident caused by any defect in your Premises, Plant, or machinery? Yes _____ No _____ 32. If yes, state exact nature of defect _____ 33. Was the accident caused through or by any of your employees? Yes _____ No _____	

	<p>34. If yes, state names, occupations and how long in your service _____ _____</p> <p>35. Was there any other person(s) (other than your own employees) who sustained injury or damage to property? Yes _____ No _____</p> <p>36. If yes, state the Names/Addresses/ Details of injury or damage. _____ _____</p> <p>Has any claim been made against you? Yes _____ No _____</p> <p>37. If yes, state the details _____</p> <p>38. Have you in any way admitted liability? Yes _____ No _____</p> <p>39. If yes, state the details _____</p> <p>40. State the Names, Addresses, Email, Phone and Occupations of any witness _____ _____</p>
<p>Complete in Professional Indemnity cases</p>	<p>41. Full name of the claimant(s) or potential claimant(s) _____</p> <p>42. What were retained or contracted to do? _____</p> <p>43. Was your retainer/ contract for services evidenced in writing? If so, please attach a copy. If not, please provide appropriate particulars of the date of the retainer/contract and its terms. _____</p> <p>44. When did you perform the work out of which the claim arises or may arise? _____ _____</p> <p>45. Who within the firm/company performed the work or against whom is the claim or potential claim principally directed? _____ _____</p> <p>46. Describe exact nature of claim (i.e. The claimant's allegations) or the fact or circumstance that might give rise to a claim. _____ _____</p> <p>47. On what date did you first become aware of the claim or the fact or circumstance? _____</p> <p>48. On what date was the claim or the intimation of a claim first made to you? _____</p> <p>49. What are your comments in response to the claim or the fact or circumstance that might give rise to a claim? _____</p> <p>50. What are your comments on the quantum of the claim and what is your estimate of your potential monetary liability, if any, to the claimant? _____ _____</p> <p>51. Are there additional details about which you wish to advise, or which may be of interest to an insurer, so that the insurer may have a better understanding of this matter? If so, please provide details along with supporting documentation. _____ _____</p>
<p>Amount claimed</p>	<p>52. Kenya shillings _____ Please refer overleaf for details</p>
<p>Date and Signature</p>	<p>Date _____ Signature _____</p>

We declare the I/we have not withheld any material information and that all statements on this form are true to the best of my knowledge and believe that articles and property described overleaf 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

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.

Full description of property	Where and when acquired	Replacement cost price	Deduction for wear, tear and depreciation	Amount allowed for salvage	Amount claimed

Cannon General Insurance (K) Limited

† +254 (0)722857610, +254 (0)723342150, +254 (020)3966000 | e info@cannon.co.ke

α Gateway Park, Block D, Mombasa Road, P.O. Box 30216-00100 Nairobi, Kenya

www.cannon.co.ke

Regulated by the Insurance Regulatory Authority

