



Africa Merchant Assurance Co. Ltd.

Transnational Plaza, 2nd Floor, Mama Ngina Street.
 P.O. Box 61599-00200 Nairobi – Kenya,
 Tel: (Pilot line) 312121, Fax: 340022
 E-mail: info@amaco.co.ke

MISCELLANEOUS CLAIM FORM

IMPOTANT NOTICE

1. Please answer all questions relevant to the loss as fully as possible.
2. The issuing of this claim form is not to be taken as admission of liability by the insurer.

1. INSURED

Policy No. Name of the insured

Email Address (Mandatory).....Address

Tel. No..... Business/Occupation.....

2. THE EVENT

When did the loss/damage occur? Date..... Time.....

Situation of premises of place where the loss/damage occurred.....

When and by whom was the loss discovered?

.....

When was the property last seen?.....

State fully what caused the loss/damage and how it happened.....

.....

.....

Were the premises occupied at the time?.....

If so, by whom?.....

If No, state date and time they were last occupied.....

If a person caused loss/damage, give his name and address if known.....

.....

State date when the police were notified and name of station.....



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3. THE PROPERTY

Are you the sole owner of the property lost/damaged?

If not, give name(s) and addresses of any other party having an interest in the property

Are there any other insurances on the property?.....

If yes, give details (including name, address and policy number of other insurers)

Was the guard at the premises at the time of loss/damage?.....

If so, give name(s) and address of security firm.....

Or do you employ a watchman?.....

If so, give name and address.....

Have you ever had previous losses for any of the risks insured under the policy?.....

If so, give approximate dates and nature of loss.....

4. DETAILS OF CLAIM

Description of property lost/damaged	Age of property	Purchase Price (Kshs)	Repair Estimate (Kshs)	Amount of Claim (Kshs)

5. DECLARATION

I/We hereby declare that these particulars are true and complete to the best of my/our knowledge.

SIGNATURE.....

Date.....



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