



**AFRICA MERCHANT  
ASSURANCE CO. LTD.**

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## **BURGLARY CLAIM FORM**

*This claim form should be completed and returned within seven (14) days of its receipt by the INSURED.*

### **1.INSURED**

Name of Insured \_\_\_\_\_

Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

Policy No: \_\_\_\_\_

### **2.DETAILS OF ACCIDENT/LOSS**

Address of place where loss occurred \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

On what date and between what hours were your premises broken into?

\_\_\_\_\_  
Which rooms were ruffled? \_\_\_\_\_

\_\_\_\_\_  
On what date and hour was the robbery discovered and by whom?

Describe means by which the entry was obtained \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were the premises occupied at the time? \_\_\_\_\_

If not, upon what date and at what hour were they last occupied? \_\_\_\_\_

\_\_\_\_\_

Any suspect? If so, state the name and address \_\_\_\_\_

Are you the sole owner of the property stolen/damaged? If not, state name and address of owner. \_\_\_\_\_

Are there any other insurance against theft upon the same property?

What was the value of the total contents at your premises at the time of the loss?

Have you ever before sustained loss by fire, burglary, housebreaking or larceny?

Provide history of previous claim/s made (include name, date, nature of loss & amount paid) \_\_\_\_\_

Give a detailed list (with separate value of each article or item) of the property lost.

	Description of Property	Value in Kshs.
1		
2		
3		
4		

Please attach a copy of the police report.

\_\_\_\_\_  
Signature & Rubber Stamp of insured.

Date: .....