



**AFRICA MERCHANT ASSURANCE CO. LTD.**

Transnational Plaza, 2<sup>nd</sup> Floor, Mama Ngina Street  
P.O. Box 61599-00200 Nairobi - Kenya,  
Tel: (Pilot line) 312121, Fax: 340022  
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**CLAIM NOTIFICATION FORM**

Person reporting \_\_\_\_\_ Tel. No. \_\_\_\_\_

Person receiving \_\_\_\_\_

Date/Time \_\_\_\_\_

Name of insured \_\_\_\_\_

Address \_\_\_\_\_

Class of insurance \_\_\_\_\_

Policy No: \_\_\_\_\_ Sum Insured \_\_\_\_\_

Vehicle No: \_\_\_\_\_ Make \_\_\_\_\_

Premium Paid? \_\_\_\_\_

Date of loss/accident \_\_\_\_\_ Place of Loss \_\_\_\_\_

Loss/accident details \_\_\_\_\_

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

Remarks: \_\_\_\_\_

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

Insured's contact person \_\_\_\_\_

*A member of Association of Kenya Insurers*

