

# Africa Merchant Assurance Co. Ltd.

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#### FIRE INSURANCE CLAIM FORM

In addition to the claim form, please let us have: (i) Replacement invoices and (ii) Detailed repair quotations.

#### PLEASE NOTE:

All damaged property must be protected from further deterioration and should not be disposed of until the Company or appointed Loss Adjusters give permission. If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.

Remember, the more information you provide to us, the easier it will be to process your claim. If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

(Definite and complete answers must be given to each question. The issue or acceptance of this form to you or from you is neither to be regarded as an admission of liability nor as a waiver by the Company of any breach of the policy conditions.

### THE POLICY

Name of Insured:		Policy No:		
Address:				
THE PROPERTY	Location of Property destroyed/damaged:			
_	interest in the affected Property? .e. lessors, mortgagees etc.):	YES NO I not, provide details of		

How were premises occupied at date of fire?					
	ry give a correct des pefore the fire?	cription of t	the property in al	l respects as it existed	
	Has there been any alteration in the occupation or use of the property since the policy was taken out?				
Are there other	er insurances in forc	e on the Pro	pperty? YES/ NO I	f any, give details of:	
Company		Policy No		Amount Insured (Kshs.)	
1				, ,	
2					
3					
What was the sound value of all the property covered under the above-mentioned policy immediately before the loss?					
Building: Kshs	Building: Kshs. Stock-in-trade: Kshs.				
Other Contents (describe): Kshs.					
	Date and Hour of Fire:				
THE CAUSE	Cause of fire:				
	cause of file.				
Estimated amount of loss: Kshs.					

Describe in detail how it occurred: (Use a supplementary sheet if necessary)
Give brief details of any previous loss of a similar nature or fire in which you were interested:
Give details of insurances with any other insurance company on the risk involved in fire/accident:
2. If you (insured) are not sole owner of the property, state the nature of your interest in the property and details of other interests:

3. Wh	nether loss intimated to:
(i)	Police? YES/NO If Yes give details of the police station and attach copy of the police report on the loss.
(ii)	Fire Brigade? YES/NO If Yes give details of all the Fire Brigades and attach copies of their reports on the fire.
	eve you reported any claim in the past on the same property during current policy riod? <b>YES/NO</b> If so, give details regarding:
	(a) Cause
	(b) Date of incident
	(c) Claim Amount

## 5. INVENTORY OF PROPERTY DESTROYED/DAMAGED

**Note 1:** A Fire Policy being a contract of Indemnity only, all claims must be based upon the actual value of the property at the time of the occurrence of loss; no profit of whatsoever kind can be included in the claim.

**Note 2:** If an article is repairable, the cost of repair only needs to be inserted in Column (6).

Note 3: All items of claim must be supported by proof of a documents.

Articles	(2) Original Purchase Price	(3) Purchase Date	(4) Value At Time Of Loss After Deduction For Wear and Tear	(5) Deduction For Value of Salvage	(6) Amount Claimed

TOTAL AMOUNT CLAIMED						
I/We Declare that these particulars are true and complete in every respect.						
Signature of Insured Date and Rubber Stamp						