

MISCELLANEOUS CLAIM FORM

JUBILEE GENERAL INSURANCE LIMITED

Head Office

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DIRECTIONS

- 1. All questions must be answered in full, in **BLOCK** letters, in the Claimant's own handwriting or to his dictation.
- 2. The issuing of this form is not to be taken as an admission of liability by the insurers.
- To be used for all Property Insurance other than Marine, Motor and Plate Glass.

CLAIM NO. BROKER'S/AGENT'S REF. NO.

rU	LICY NO.				
1.	Name of Insured in full				
2.	Postal address	Posto	al code		
	Telephone - Office	House	Mobile		
	Email				
	ID No./Certificate of Incorporation		PIN No.		
3.	Occupation/nature of business				
4.	(a) When did the loss or damage o	Time		AM/PN	
	(b) Situation of premises or place where the loss or damage occurred				
5.	State fully how the loss or damage	occurred			
6.					
6.	(a) When was the loss or damage (discovered? DD/MM/YYYY	Time		AM/PM
6.	(a) When was the loss or damage (b) By whom was the discovery ma		Time		AM/PM
6.	•	de?	Time Time		AM/PM
6.	(b) By whom was the discovery ma	de? n? ^{DD/MM/} YYYY			
6.	(b) By whom was the discovery ma (c) When was the property last see	de? n? dd/ww/yyyy			

8.	8. Was the watchman or guard on duty at the time of the occurrence?						
9.	9. Are you the sole owner of the lost or destroyed property? If not, give name(s) of any other parties and nature of their interest						
10.	Was there at the time of property for which this	of the loss or damage ar claim is made?	ny other existing insuranc	ce(s) effected by you	or any other persons on Yes	the No	
11.	Have you ever sustained made? If so, give the particulars	d a loss or claimed aga	inst any insurers for any	of the risks under the	policy under which this Yes	claim is No	
i. A	·	/cash sales/receipts an sposed off without Jubile		·	· ·		
12.	Description of the property lost or damaged	Date purchased or received	From whom purchased or by whom donated	Cost price	Amount claimed after allowing for age, wear, tear and salvage (if any)		
			TOTAL				
	CLARATION						
I/W	/e hereby declare to Jubi	lee General Insurance Lin	nited that the particulars i	n this claim form are t	true and complete.		
Date	e		Signature of Ins	sured			