

**CLAIM NOTIFICATION FORM**



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Website:

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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? \_\_\_\_\_ Policy Excess \_\_\_\_\_

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

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

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

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

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

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

*A member of Association of Kenya Insurers*

