



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:		Email:	
Telephone No:			
THE PROPERTY		Location of Property destroyed/damaged:	
Do you have sole interest in the affected Property? YES NO I not, provide details of other interests (i.e. lessors, mortgagees etc.):			
How were premises occupied at date of fire?			

Does the policy give a correct description of the property in all respects as it existed immediately before the fire?

Has there been any alteration in the occupation or use of the property since the policy was taken out?

Are there other insurances in force on the Property? YES/ NO If 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.	Stock-in-trade: Kshs.
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Other Contents (describe): Kshs.

THE CAUSE

Date and Hour of Fire: _____

Cause of fire: _____

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:

1. 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. Whether 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.

4. Have you reported any claim in the past on the same property during current policy period? **YES**_____/ **NO**_____. 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 documents.

(1) Description of Articles Claimed For	(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