



**FIRST ASSURANCE COMPANY LTD**

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya  
Tel: 254-020-2900 000 Cell: 0722-444117/0733-605480 Fax: 020-2900 200 Email: [hoinfo@firstassurance.co.ke](mailto:hoinfo@firstassurance.co.ke),  
[www.firstassurance.co.ke](http://www.firstassurance.co.ke)
- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya  
Tel: 254-041-4476494/4476495, Fax: 254-041-4476495 Email: [msainfo@firstassurance.co.ke](mailto:msainfo@firstassurance.co.ke)

**FIRE CLAIM FORM**

**IMPORTANT**

The issue of this form is not an admission of liability on the part of the Company. All questions on this form must be answered in full.

- i) Insured \_\_\_\_\_
- ii) Address \_\_\_\_\_  
Telephone \_\_\_\_\_
- iii) Business/Occupation \_\_\_\_\_
- iv) Policy No \_\_\_\_\_ Date of payment of last Premium \_\_\_\_\_
- v) When did damage/fire take place? Date \_\_\_\_\_ Time \_\_\_\_\_
- vi) Address of the premises where the damage/fire occurred \_\_\_\_\_
- vii) For what purpose were the premises occupied at the  
Date of fire or damage \_\_\_\_\_
- viii) If, any alteration in risk had taken place since the policy was issued or  
Last endorsed, please give details \_\_\_\_\_  
\_\_\_\_\_
- ix) What was the cause of the damage/fire  
and how did it occur \_\_\_\_\_  
\_\_\_\_\_
- x) Does the property in respect of which the claim is made  
belong solely to you? \_\_\_\_\_  
\_\_\_\_\_
- xi) If not, please give full name of any  
other party interested therein \_\_\_\_\_  
\_\_\_\_\_



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xii) Are there any other insurances on the  
Property, whether effected by your or by any other  
Party?\_\_\_\_\_

xiii) If so, please give name of the Company policy No  
and Sum insured\_\_\_\_\_

xiv) Have you previously suffered loss from  
A similar cause in these or other premises?\_\_\_\_\_

xv) If so please give details\_\_\_\_\_

I/We declare that the foregoing particulars and the particulars given overleaf are in all respects true and complete and are made without reservation of any kind in accordance with the said particulars.

I/we claim the sum of KShs\_\_\_\_\_

Dated this\_\_\_\_\_ day of \_\_\_\_\_ Year\_\_\_\_\_

Signature of Claimant\_\_\_\_\_

The claimant's attention is drawn to the following requirements:-

1. The insured is required to deliver a claim in writing to the Company Within 15 days after the loss, or such further time as the Company may in writing allow in that behalf.
2. The insured should protect the salvage from deterioration, but debris and evidence should not be removed until an inspection has been made on behalf of the Company.
3. Before submitting details of the damage the policy should be read in order that the conditions may be carefully observed.
4. The cause of the fire must be stated as clearly as possible. When the cause of the fire is unknown, any suspicion of incendiarism should be mentioned.

