

# MISCELLANEOUS LOSS CLAIM FORM



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**Note**

- A. All Questions on this Form must be answered.
- B. The Company does not admit liability by the issue of this Form.

**INSURED & POLICY**

Name		Telephone No. Office	
Address		Home	
Policy Number		Expiry Date	
Type of Policy			

**PROPERTY**

Are you the sole owner of the property claimed for?

If not give name and address of owner (s)

Are there any other insurances on the property described in the particular claim?

If so, give name of insurer and policy number

What was the total value of the contents at the time Loss?

**CIRCUMSTANCES**

Address of premises where theft, loss, damage occurred

Date of loss  Time am/pm

Give brief details of the circumstances of the loss

By whom was loss discovered?

Were premises occupied at the time?

If not, when were they last and by whom?

**PREMISES**

State briefly how entry to premises was effected?

If not forcible entry, how did loss occur? State purposes for which premises are occupied

Are you responsible for repairing damage caused to premises?

If so, why are you responsible?

**RECOVERY**

Have you notified the Police?  Police Station

Date of Notification  time am/pm

Has any of the stolen property been recovered?

PREVIOUS CLAIMS

Have you had any previous losses by Fire, Burglary or any other cause?


If so give particulars


PARTICULARS OF CLAIM

**Note**

The amount to be claimed on an article is limited to the actual intrinsic value at the time of the loss. The amount of the damage should be stated.

Receipts obtained at the time of purchase of the under mentioned articles should be attached, wherever possible, for inspection and subsequent return.

Description of Property claimed for

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When and where bought and from whom (attach valuation for items off ewellery)

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Original Cost/ Price KShs.

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Deduction for age Use Wear & Tear K.Shs.

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Amount Claimed K.shs

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I hereby declare that the property claimed for particulars of which are given above, has been lost, stolen or damaged, and that all statements on this form are to the best of my knowledge and belief, correct.

TOTALS

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Signature of Insured

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Date:

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