

CLAIM FORM - GENERAL

Please complete both pages

SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured_____

Business Name: _____ PIN No.: _____

Nature of Business: _____

Name of Contact Person: _____ Position: _____

Postal Address: _____ Postal Code: _____ Town: _____

Physical Address: Bldg: _____ Floor: _____ Street: _____

Office Tel: _____ Fax No.: _____ Mobile Phone: _____

E-Mail Address: _____

VAT Reg No. (If applicable): _____

Policy Number: _____

SECTION B : TECHNICAL DETAILS

PARTICULARS OF CLAIM	Date and Time of Loss/ Damage occurred stating how (if applicable) entry was gained to premises	
	If Loss / Damage was caused by another party give name and address	
	Has any other party an interest in the insured property e.g. Credit Agreement? If so, give name and interest.	
LOSS/DAMAGE PLACE	Place where Loss / Damage oc curred	
	Were premises occupied? If so, by whom?	
	Purpose of occupation	
	If not occupied, when last occupied?	
PREVIOUS LOSS/DAMAGE	Have you previously suffered Loss / Damage?	
	If so, give details	
	If insured, provide name of Insurer	
OTHER INSURANCE	Is there any other insurance covering this Loss/Damage?	
	If so, give name of Insurer and policy number	
POLICE	Police Station	
	Date and Time of Report	
VALUE	Estimated total value of all the property insured under the policyat the time of loss/ damage	
PAYMENT METHOD	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account holder, account number and type of account.	
	Name of Bank	Branch
	Name of Account holder	Account Number
	Type of Account	

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SECTION C: PARTICULARS OF CLAIM

NOTE:

1. the issue of this form and subsequent acceptance by insurers must not be taken as an admission of liability
 2. Receipts and vouchers or other satisfactory evidence should be produced to substantiate the claim wherever possible. This information will facilitate ultimate settlement
 3. Where a claim is being submitted for repairs to property damaged an estimate for such repairs should be submitted
 4. Pending instructions from Insurers all salvage must be protected by the insured and retained for the benefit of insurers.

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i. Privacy Statement

By completing this form, you have provided NCBA Insurance with your personal information. NCBA Insurances committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize NCBA Insurance to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for NCBA Insurance to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i and ii above.

Name: _____

Signature: _____ Date: _____

(If Corporate):

Name: _____ Designation: _____

Company Stamp and Date:

