

## 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 Na (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 policy at 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			

Regulated by the Insurance Regulatory Authority



**i. Privacy Statement**

By completing this form, you have provided NCBA Insurance with your personal information. NCBA Insurance 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:

