

## CLAIM FORM - GENERAL

### PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organisation; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

### SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured: \_\_\_\_\_

Nature of Business: \_\_\_\_\_ PIN No.: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

Physical Address: Bldg: \_\_\_\_\_ Floor: \_\_\_\_\_ Street: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### SECTION B : TECHNICAL DETAILS

PARTICULARS OF CLAIM	Date and Time of Loss:		
	How did the loss occur?:		
	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 occurred:		
	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 the 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	Name of Bank:		Branch:
	Type of Account:		Acc. No.:
	Name of Acc. Holder:		



## SECTION D : CONSENT & DECLARATION

### Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting [ncbainsurance@ncbagroup.com](mailto:ncbainsurance@ncbagroup.com).

I consent

I do not consent

### 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 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.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Corporate)

Name: \_\_\_\_\_

Designation: \_\_\_\_\_

Company Stamp and Date: