



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 570534/572204 Email: hoinfo@firstassurance.co.ke,
www.firstassurance.co.ke
- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya
Tel: 254-041-476494/476495, Fax: 254-041-476495 Email: 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.



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DETAILS OF CLAIM FOR PROPERTY DESTROYED OR DAMAGED

Damage to Buildings:- A Detailed estimate by a builder or other competent person should be submitted in support of the amount claimed, due allowance being made for age, depreciation etc. No improvements in construction may be included. The claim must be limited to the Actual cost of restoring the premises to the condition in which they were immediately before the fire occurred.

Damage to Contents:- The information asked for in form must be furnished in detail. A careful description of every article destroyed or damaged should be given. The claim must be based on the actual value of the property at the time of the fire, without any inclusion of profit and after allowance has been made for depreciation, wear, tear etc

<i>Articles Destroyed or Damaged</i>	<i>Date of Purchase</i>	<i>Original Cost</i>	<i>Value At Time of Fire</i>	<i>Deduction of Value</i>	<i>Amount Claimed i.e Actual Loss after deduction of value of Salvage</i>
		<i>KShs</i>	<i>KShs</i>	<i>KShs</i>	<i>KShs</i>