

PROPERTY DAMAGE OR LOSS CLAIM FORM

(Applicable to All Risks Coverage including Political Violence and Terrorism Incidences leading to the loss of insured property)

**IMPORTANCE NOTICE**

- All questions on this Form must be answered.
- No liability under the Policy is admitted by Issue of this Form.
- All damaged property must be protected from further deterioration and should not be disposed off until authorized by the insurer.
- Return this Form together with detailed statement on loss, Police Abstract Report, purchase invoice/receipts, repair estimates, replacement invoice, phone blockage certificate if phone lost or other supporting documents.

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INSURANCE COMPANY.....**INSURER CLAIM NO**.....

INSURED/ POLICY HOLDER	Name.....Telephone No.....Postal Address.....Email Business/Occupation.....Policy No.....
PARTICULAR S OF LOSS	Date of loss/discovery.....Time (am/pm).....Place of loss What was lost/damaged?.....Value..... Was the loss reported to the Police?.....If yes, which police station?..... Have other steps been taken to recover the property?.....Give details..... Briefly explain circumstances of loss/damage.....
COMPLETE IF LOSS OCCURRED IN/ON A BUILDING	Type of premises involvedAre you the owner of the premises?.....Are you sole occupier of premises?.....If no, give details.....Was the premises occupied?.....If Yes by who?.....If No, date last occupiedWas the loss caused by another party?.....If Yes, give details.....Is there another insurance for this loss?.....If Yes, give details.....Have you suffered a similar loss before?.....If Yes, give details.....Was loss due to unauthorized entry?.....If Yes, give details of entry.....If alarm fitted, did it sound?.....If No, give reasons.....Are guards employed?.....If Yes, give name of firm.....
COMPLETE IF LOSS OCCURRED IN TRANSIT	Starting point of transit.....Destination.....Who was accompanying the goods lost/damaged?..... What is their relationship with you & their occupation?..... Are they insured under Fidelity Guarantee Policy?.....If Yes, give details.....How often is this transit made?.....What is the maximum ever carried at one time?.....

Please give details of the lost/damaged property(ies):

Full Description of Property	Date when item was bought	Repair Cost	Replacement Cost	Salvage Value	Net Amount Claimed
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I/WE DECLARE that the properties listed in this Form belong to me/us and that the above particulars are true and correct.

Insured's Signature/Stamp.....Date.....