

**PROPERTY LOSS OR
DAMAGE CLAIM FORM**

Agency / Broker: _____

Applicable to: Fire, Domestic Package, Burglary, All Risk, Money, Glass and Goods in transit.

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**Insured Details**

Name: _____

Postal Address: _____ Code: _____ Town: _____

Age: _____ Years Tel No: _____ Mobile: _____

Occupation: _____

Email: _____

Financer Details (If any): _____

Circumstances1. Date of loss: _____ Time: _____ AM: ☐ PM: ☐

2. Where did the loss or damage occur: _____

3. Describe fully how loss or damage occurred:

4. Is the premises fitted with an alarm? Yes: ☐ No: ☐ If yes, was it activated? Yes: ☐ No: ☐
If not, explain:5. Is the premises guarded? Yes: ☐ No: ☐ If yes, name of security firm: _____6. Were the premises occupied? Yes: ☐ No: ☐ If not, when were they last occupied? _____7. Are you the owner of the premises? Yes: ☐ No: ☐ If not, are you responsible for repairs? Yes: ☐ No: ☐8. Are there people implicated in the loss? Yes: ☐ No: ☐
If yes, give details:9. Is there any other insurance in force providing cover for this loss? Yes: ☐ No: ☐
If yes, give particulars including insurer's name:10: Have you ever suffered similar loss or damage? Yes: ☐ No: ☐
If yes, give particulars including insurer involved:11. Were police notified Yes: ☐ No: ☐

12. If yes, attach the police abstract report: _____

1. Transit from: () To: ()

2. How often is this transit made?

3. What is the maximum ever carried at one time? _____

4. Who was accompanying the property lost? _____

5. If employees, state how many? Position(s)

6. Do you suspect involvement of the employee in the loss? Yes: ☐ No: ☐

7. Are they insured under Fidelity Guarantee Policy? Yes: () No: ()

If yes, provide insurer's details

NB: *Not a true test of the model*

- If claim is for repairable damage, give particulars of damage and a tradesman's estimate for the repairs necessary.

- If claim is for irreparable damage or loss, list the items below completing all columns and attach either proforma

invoice, replacement receipts or purchase receipts

Full Description of Property	Where and When Acquired	Purchase Price	Replacement Cost	Details of Salvage or Recovered Property
		Total		

I/We hereby declare that the whole of the statements made by me/us in claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: _____ Signature & Stamp: _____

Title:

(If Policy holder is body/corporate, title of person signing)

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