

Sanlam General Insurance Limited Gateway Place, Jakaya Kikwete Road P.O. Box 60656-00200 Nairobi, Kenya

- T +254 (0)20 278 1000
- M +254 (0)719 035 000
- E info@sanlam.co.ke
- w www.sanlam.co.ke

Gei	nei	ral	CI	ai	m
			E	or	m

Sanlam General Insurance Ltd

	Personal details
	Policy No.:
	Client Name:
	Postal Address: Postal Code.
	Telephone No. Mobile No.
	E-mail Address:
	PIN No. City/Town
	Technical details
	Particulars of Claim
	Date of Loss Time of Loss
	How did the loss occur?
	If Loss / Damage was caused by another party give:
	Name: Mobile No.
	Has any other party had an interest in the insured property e.g. Credit Agreement? Yes No
	If so, give name and interest.
	Loss /Damago Blace
	Loss/Damage Place
	Place where Loss / Damage occurred
	Were premises occupied? Yes No If so, by whom?
	Purpose of occupation?
	If not occupied, when last occupied?
	Previous Loss/Damage
	Have you previously suffered Loss/Damage? Yes No If so, give details
	If insured, provide name of Insurer
j	Other Insurance
	Is there any other insurance covering this Loss/Damage? Yes No
	If so, give name of Insurer and policy number
	·
l	B-U
	Police
	Police Station
	Date and Time of Report



alue stimated total value of a	II the property ins	ured under the	policy at the ti	me of loss/d	amage
			pooy at tiro ti	01 1000/ 0	amage
ayment Method					
ou may select, for addect ease specify the name of ecount.	d security, paymen of the bank, brancl	nt of any amoui h, name of acco	nt due to you d ount holder, acc	irectly into a count number	bank account. and type of
ame of Bank					
ranch		Туре	of Account		
ame of Account holder					
ccount Number					
W					
			15		

(a) (d) (d) (d) (d) (d)	Net amount claimed																			
	Costs of repairs (If applicable)									20										
	Value of salvage	p																		
	Actual value at time of loss after allowing the depreciation																	* a		
	Cost price																			
	If possible please state (a) Date (b) Place of Purchase																			
Particulars of Claim	description of property lost or damaged	-											8	ě						

(1)







) Declaration

I/We declare that these particulars are true and correct (and unanswered) any correspondence relating to this	t and undertake to forward in accident/incident.	mmediately
Name of Insured:		
Signature of Insured:	Date:	