



# INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

## HEAD OFFICE

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## BRANCH OFFICE

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## FIRE CLAIM FORM .

Agency name: \_\_\_\_\_

### 1. SECTION 1: BUSINESS DETAILS

A. Full name of claimant \_\_\_\_\_

B. Pin number (please attach copy): \_\_\_\_\_

C. Certificate of Registration/Incorporation/ID/Passport  
(Please Attach copy) \_\_\_\_\_

### D. Contact Details:

Mobile: \_\_\_\_\_ Postal: \_\_\_\_\_ Code: \_\_\_\_\_

Town/City: \_\_\_\_\_ Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

When did the fire and/or damage take place?	Time: _____ Date: _____
Situation of property damaged or destroyed:	
How were the premises occupied at the time of fire/damage?	
What was the cause of the Fire/damage and under what circumstances did it occur?	
Does the Policy give a correct description of the property in all respects as it existed immediately before Fire/damage:	
Has any element of risks been introduced which was not allowed in the policy?	
Have the conditions and warranties of the policy been complied with in every respect/	
Is the claimant the sole owner of the property damaged or destroyed? _____ Yes/No If not, state full particulars of any other interest.	
Has there been a previous Fire/damage in these premises, or in which the insured was interested? _____ Yes/No If so, give details including the cause of such fire(s)	
Were at the time of the Fire/damage any existing Insurances whether affected by the claimant or by any other person, on the said property with any other company or society? _____ If so, state full particulars, if not, please write "NO"	

I/We, \_\_\_\_\_, now residing \_\_\_\_\_ do hereby declare that the above is full, true and being my/our property, and insured under the above named policy or policies were accidentally destroyed or damaged, without any design or procurement of my/our part, by the foresaid Fire/Loss, according to the extent and values annexed: whereof I/We claim from Intra Africa Assurance Company Ltd, the sum of Kshs: \_\_\_\_\_ the amount thereof.

**Declaration**

I/We solemnly declare that I/We have no manner nor by any fraud nor willful misrepresentation nor non disclosure sought unjustly to benefit by the said Fire/damage and that this solemn declaration made by me/us conscientiously believing the same to be true.

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

**Detailed statement of property destroyed or damaged by Fire and Insured**

Full description	Value of property or article damaged or destroyed at the time of the fire Kshs:	Value of salvage Kshs:	Amount claimed after deducting value of the Salvage Kshs:

**TO BE COMPLETED IF MORE THAN ONE POLICY**

Number	Policy	Amount	Property covered