





SUBROGATION LETTER

INTRAFRICA ASSURANCE COMPANY LIMITED

(Incorporated in Kenya)

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 info@intraafrica.co.ke

 www.intraafrica.co.ke

 +254 722 111 190, 722 111 196 , 722 205 050

Agency name: _____

1. INSURED'S DETAILS

Full name of claimant _____

Pin number(please attach copy): _____

Certificate of Registration/Incorporation/ID/Passport(Please Attach copy) _____

Mobile: _____ Email: _____

Postal: _____ Code: _____ Town/City: _____

Web: _____ Fax: _____ Tel: _____

Occupation: _____ Age: _____

Vessel: _____ Bill of Landing No: _____

Voyage: _____

Insured Value of goods: _____

Amount of Loss: _____

Number and Date of Policy: _____

DECLARATION

In consideration of your paying us for a PARTIAL LOSS on the under mentioned goods it is agreed that in virtue of such payment will be subrogated (as and to the extent provided by the law of Kenya) to all our rights and remedies in and in respect of the said goods and will be authorized to make use of our name for the purpose of any proceedings or measures legal or other which you may think fit to take for the enforcement of such rights or remedies and accordingly we undertake to furnish you with all documents and correspondence relating thereto and to make any such affidavits or declarations and to give any such oral evidence as we can properly make or give and generally to render you such assistance as you may from time reasonably require in connection with any proceedings or measures you indemnifying us against all liability costs charges and expenses incurred on your connection therewith and with the use of our name.

Signature: _____ Date: _____

MARKS AND NUMBERS AND DESCRIPTION OF GOODS