

Sanlam General Insurance Limited  
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**> 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/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

**Other Insurance**

Is there any other insurance covering this Loss/Damage? Yes  No

If so, give name of Insurer and policy number

**Police**

Police Station

Date and Time of Report

### Value

Estimated total value of all the property insured under the policy at the time of loss/ damage

### Payment Method

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account holder, account number and type of account.

Name of Bank

Branch  Type of Account

Name of Account holder

Account Number



## > Declaration

I/We declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident/incident.

Name of Insured: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_