



(The issue of this form is not an admission of liability)

LION OF KENYA INSURANCE COMPANY LTD

LION OF KENYA

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MONEY LOSS REPORT FORM

Policy No Claim No

- 1. Name of Insured
- 2. Address (Private) Tel No
- 3. Address (Business) Tel No
- 4. Trade or Occupation (if more than one state all)

5. Situation of premises or place where loss or damage occurred

6. Date of loss or damage Time a.m./p.m.

7. Explain fully how loss or damage occurred

8. a) When was the loss or damage discovered? Date
Time a.m./p.m.

b) By whom was the discovery made?

c) When was the property last seen? Date
Time a.m./p.m.

d) By whom was it last seen?

e) When were the police notified?
Address of the Police Station

f) Have any other steps been taken to recover the property?

g) What was the total amount of money at the time of the theft?
(i) Being carried shs

(ii) In the premises shs
h) Was the money
a) Accompanied by an employee(s) of the insured: (if yes please state the number).....

b) Escorted by armed policemen/ security firm

i) If the loss was from a safe or strong room please give details of the safe or strong room

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- j) What further anti-theft measures do you intend to employ following this loss?
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- k) Was a security guard on duty at the material time?
- l) If so, please state the name of the security company engaged.....
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- 9. Have you ever sustained a loss or claimed against any Insurers for any of the risks included in the policy under which this claim is made. If so, give particulars
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- 10. Are you the sole owner of the lost, damaged or destroyed property?
- If not, state the name(s) of any other interested parties and the nature of their interest
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STATEMENT OF CLAIM

PLEASE NOTE

- (i) No damaged property should be reinstated, repaired or disposed of without the agreement of the company.
- (ii) The amount claimable is limited to the sum insured or the value of the property at the time of the loss – whichever is the lesser.

Details of Money Stolen	Name of the Owner	Amount Claimed
<ul style="list-style-type: none"> - Cash - Cheques - Money Orders/ Postal Orders - Current Postage Stamps - National hospital Insurance Funds Stamps and/ or NHIF Cards - Others 		
		Total amount Claimed

It is hereby declared that the property described above has been actually lost stolen or damaged in accordance with the particulars given and that all statements on this form are to the best of my/ our knowledge complete and correct.

Date Signed by or on behalf of the Insured

Name of Person Signing
(Block Capitals Please)