

**THE HERITAGE INSURANCE COMPANY LIMITED**  
**CFC House, Mamlaka Road, P.O. Box 30390, 00100-Nairobi, Kenya.**

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**PUBLIC LIABILITY CLAIM FORM**

Policy Number .....Branch or Agent to whom you  
Paid your last premium .....

Name of Insured .....ID\_NO: .....PIN\_NO: .....  
BOX NO : ..... Code: .....Town: .....FAX\_NO.....  
Telephone No.....Email:.....Mobile:.....  
Trade or Occupation (if more than one state all) .....

Date of Accident.....Time.....a.m. / p.m.  
Place.....

Explain fully how accident occurred .....  
.....  
.....

When was the accident reported to you? .....By whom?.....

Did the accident arise from the activities of persons in your direct employ? .....

If so give names and addresses of employees.....

.....Name and addresses of  
any other witnesses.....

Was the accident reported to the Police? .....Details of officer or station.....

Persons (other than your own employees) who sustained injury or damage to property		
Names and addresses		Details of injury and damage
.....	.....	.....
.....	.....	.....
.....	.....	.....

Is there any other insurance indemnifying you in respect of this accident?.....

If so give name and address of Insurers.....

Has any claim been made against you?.....

If so, give details.....

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**THE FOLLOWING QUESTIONS SHOULD BE ANSWERED IF THE ACCIDENT  
AROSE OUT OF A DEFECT IN PREMISES**

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If you are the owner give name and address of tenant.....

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If you are the occupier give name and address of owner.....

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What is the net annual rental?.....

For what purposes are the premises used?.....

Are you responsible for repairs?.....

When was the property last inspected.....By whom?.....

**NOTE**

Correspondence and claims. All communications and claims received by you concerning Accident are to be forwarded immediately without acknowledgment.

I / We declare that these particulars are true and complete. I / We understand that the information given on this form may be submitted to solicitors for us in connection with any litigation arising out of this accident.

Date..... Signature of Insured and rubber stamp if corporate .....  
(If a Limited Company give status of signatory).