

**PROPERTY ALL RISK & FIRE
CLAIM FORM**

IMPORTANT: Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and the issuance of this form should not be construed as admission of Liability. If any detail of information is not readily available, please do not delay dispatching this report. Such particulars may be sent later.
All written communications should be forwarded to the Company at the address below.

CLAIM NO.:

1. Policy no.	
2. Insured Name	
3. Date and Time of Loss /Accident	
4. Location of Accident	
5. Description of Loss or damage	
6. Cause of Loss or Damage	
7. Provide details of items damaged	
8. Estimate of Loss	
9. If Accident Reported to Police/Fire Brigade Department	

ENAYA INSURANCE COMPANY (K.S.C.C)

AN ALGHANIM INDUSTRIES COMPANY

CR NO. 118271; Capital: 10,000,000 KD

Mailing address: P.O Box 5859, Safat 13059, Kuwait

Office address: Floor 74, Al Hamra Tower, Al Shuhadaa Street, Sharq, Kuwait

Tel: +965 1822200 - Fax: +965 24969071 - Email: help@enaya.com - Website: www.enaya.com

شركة عناية للتأمين (ش.م.ك.م)

إحدى شركات صناعات الغانم

سجل تجاري: ١١٨٢٧١، رأس مال ١٠,٠٠٠,٠٠٠ د.ك

ص.ب: ٥٨٥٩، الصفاة ١٣٠٥٩، الكويت

العنوان: الدور ٧٤، برج الحمراء، شارع الشهداء، شرق، الكويت

10. If there is Damage to Surrounding Property/ Third Party.

Documents required as detailed hereunder: THEFT

- 1) Date and time of the incident
- 2) An original copy of the police report
- 3) CCTV footage of the incident
- 4) Purchase Invoice copies of the stolen items.
- 5) Details of the security of the project Site
- 6) List of the stolen items

Documents required as detailed hereunder: FIRE

- 1) Date and time of the incident
- 2) CCTV footage of the incident
- 3) Fire brigade report.
- 4) Incident report
- 5) Damaged photos
- 6) Invoices copies for the damaged items
- 7) 3 Quotations

Documents required as detailed hereunder: WATER DAMAGE

- 1) Date and time of the incident
- 2) CCTV footage of the incident
- 3) Building maintenance report
- 4) Incident report
- 5) Damaged photos
- 6) 3 Quotations
- 7) Invoices copies for the damaged items

Place:

Date:

Signature of Policyholder
(Stamp/ Seal of the Company)

I declare that to the best of my knowledge and belief these particulars are full and true. I agree to provide any further information that may be required

The above required document is not final, and the company may ask for additional documents on case-to-case basis.

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