

- ► HEAD OFFICE First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya Tel: 254-020-2900 000 Cell: 0722-444117/0733-605480 Fax: 2900 200 Email: hoinfo@firstassurance.co.ke, www.firstassurance.co.ke
- MOMBASA BRANCH First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya Tel: 254-041-4476494/4476495, Fax: 254-041-4476495 Email: msainfo@firstassurance.co.ke

MOTOR THEFT CLAIM FORM

The information provided is to enable the Company and its Solicitors to advise on any legal proceedings which may ensue.

| Name of insured | | | |
|---|--|--|--|
| Address Post Code | | | |
| Telephone No City/Town | | | |
| Occupation | | | |
| Policy No Date of payment of last premium | | | |
| Registered Marks H. P. or C. C. | | | |
| Make of Vehicle Year of Manufacture | | | |
| Purpose(s) for which the vehicle was being used at the time it was stolen | | | |
| <u>CIRCUMSTANCES</u> | | | |
| On what date and at what hour did the loss occur? | | | |
| Where did the loss occur? | | | |
| Age of the driver | | | |
| How long has a full driving license been held? | | | |
| Was the vehicle in use with the insured's permission or authority? | | | |
| Was the vehicle locked? | | | |
| Was an anti-theft device fitted? If so, state the type | | | |
| Circumstances under which the loss occurred, and information if any | | | |
| Date and from whom the vehicle was purchased | | | |
| Date and place of last vehicle service | | | |
| Are you the sole owner of the vehicle? | | | |
| Is there any hire purchase interest? | | | |
| Give the date the police were advised and the address of the Police Station stating the Criminal Register No. | | | |
| Are there any other insurances against Burglary, Housebreaking or theft upon the same vehicle? | | | |
| IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC. Please complete the following:- | | | |

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When

Amount

From whom

Price

Description



Paid

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Purchased

Claimed

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Purchased

| IF VEHICLE NOT RECOVERE | D , please complete the following and forward the registration book (if any |). |
|-------------------------------|--|-------------|
| Engine No | Chassis or Frame No | |
| Type of body | Colour or combination of colours | |
| Have you had any alteration | ns made which are recognisable? | |
| Are there any identifying fec | atures externally or internally, e.g. marks, scratches, disfigurements etc? | |
| Are there any special fitment | ts or accessories? | |
| Kilometer reading at the time | e of loss | |
| IF VEHICLE RECOVERED, Ple | ease complete the following:- | |
| Place and date recovered _ | | |
| Kilometer reading at the time | e of loss and upon recovery | |
| Details of damage sustained | (if any) | |
| Where can the vehicle be ins | pected? | |
| | DAMAGED A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS AND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE | |
| that if I/We have made any | e whole of the statements made by me/us in this Claim Form are in every re false or untrue statement or statements, or if there be any suppression or co under the Policy shall be absolutely forfeited. | |
| Date | Signature of Insured | |

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