



# FIRST ASSURANCE COMPANY LTD

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- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya  
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## **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 \_\_\_\_\_

\_\_\_\_\_

### **CIRCUMSTANCES**

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:-

Description	Price	From whom	When	Amount
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