



**THE CO-OPERATIVE INSURANCE
COMPANY OF KENYA LTD.**

CIC Plaza, Mara Road P.O. Box 59485, Nairobi, Kenya
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MOTOR THEFT CLAIM FORM

CLAIM NO.

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

Name of the Insured:

Address:

Occupation:

Policy No: policy renewal dated

Date of payment of last premium:

PARTICULARS OF VEHICLE

Make: Type of Body:

Year of Manufacture: Estimate Value:

Cubic Capacity: Engine No: colour.....

Chassis No: Registered letters and numbers:

Purpose(s) for which vehicle was being used at the time it was stolen:

CIRCUMSTANCES

Where did the loss occur?

On what date and at what hour did the loss occur?

Who was in charge of the vehicle at the time of the loss?

was the vehicle in use with the Insured's permission or authority?

was the vehicle locked?

were the anti-theft devices fitted?

If so, state types:

Circumstances under which the loss occurred, and information if any:

Date and from whom the vehicle was purchased:

Date and place of last vehicle's services:

"We keep our word"

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 Criminal Register Number:

Are there any other insurances against Burglary, Housebreaking or theft upon the same vehicle?

IF THE CLAIM IS FOR LOSS OR SPARE PARTS, TYRES, etc. Please complete the following:-

Description	Price Paid	From whom purchased	Amount claimed

Have you had any alterations which are recognisable?

Are there any special fittings or accessories?

Are there any identifying features, Externally or Internally, e.g. marks, scratches, disfigurements etc?

Mileage at the time of loss:

I/We hereby declare that the whole of the statements, made by me/us in this form of claim are in every respect true, and I/We agree that if I/We have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Signature of Insured:

Date: