



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavinton, P O Box 30064-00100, Nairobi, 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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