

- HEAD OFFICE First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
 Tel: 254-020-567374/577737 Celi: 0722-444117/0733-605480 Fax: 570534/572204 Email: holnfo@firstassurance.co.ke, www.firstassurance.ca.ke
- Mombasa Branch First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya Tel: 254-041-476494/476495, Fax: 254-041-476495 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			
		City/Town			
Occupation	-				
Policy No	Dat	e of payment of last premium	·		
Registered Marks		H. P. or C. C.	hi da t		
Make of Vehicle		Year of	Manufacture		
: Purpose(s) for which the vehi	icle was being used at	the time it was stolen			
	<u> </u>	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?			ъ	
Was the vehicle in use with	the insured's permission	n or authority?		, _,,	
Was the vehicle locked? _				<u></u>	
Was an anti-theft device fi	tted? If so, state the ty	/pe			
Circumstances under which		information if any			
Date and from whom the v					
Date and place of last veh	icle service			<u> </u>	
Are you the sale owner of	the vehicle?				
ls there any hire purchase	interest?				
Give the date the police w	vere advised and the a	ddress of the Police Station s	tating the Criminal Regist	er No.	
Are there any other insura	ınces against Burglary,	Housebreaking or theft upon	the same vehicle?	<u></u>	
IF THE CLAIM IS FOR LO	SS OF SPARE PARTS, 1	TYRES ETC. Please complete	the following:-	•	
Description	Price	From Whom	When	Amount	

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FIRST ASSURANCE COMPANY LTD

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Purchased Purchased Claimed	
· · · · · · · · · · · · · · · · · · ·	
IF VEHICLE NOT RECOVERED, 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 alterations made which are-recognisable?	
Are there any identifying features externally or internally, e.g. marks, scratches, disfigurements etc?	
Are there any special filments or accessories?	
Kilometer reading at the time of loss	
IF VEHICLE RECOVERED, Please complete the following:-	
Place and date recovered	
Kilometer reading at the time of loss and upon recovery	
Details of damage sustained (if any)	
Where can the vehicle be inspected?	
IF THE VEHICLE HAS BEEN DAMAGED A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE BUT THE REPAIR SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.	₹⋦
1/We hereby declare that the whole of the statements made by me/us in this Claim Form are in every respect true, and 1/We agre 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.	
Date Signature of Insured	

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