



## The Jubilee Insurance Company of Kenya Limited

**Head Office:** Jubilee Insurance House, Wabera Street, P.O. Box 30376 - 00100 GPO, Nairobi, Kenya  
Tel: 328 1000 Fax: 328 1150 Email: jic@jubileekenya.com

**Mombasa:** Jubilee Insurance Building, Moi Avenue, P.O. Box 90220 - 80100, Mombasa, Kenya  
Tel: 222 4286 / 231 4019 / 231 6760 Fax: 231 6796 Email: mombasa@jubileekenya.com

**Kisumu:** Jubilee Insurance House, Oginga Odinga Road, P.O. Box 378 - 40100, Kisumu, Kenya  
Tel: 202 0836 / 202 0845 Fax: 202 0532 Email: kisumu@jubileekenya.com

### MOTOR CLAIM FORM - WINDSCREEN / WINDOW DAMAGE

- All questions must be answered in full, in BLOCK letters, in the Claimant's own handwriting or to his dictation.
- The issuing of this form is not to be taken as an admission of liability by the insurers.

CLAIM NO.  BROKER'S/AGENT'S REF. NO.

POLICY NO.

1. Name of Insured in full

2. Postal address  Postal code

Telephone - Office  House  Mobile

Email

3. Vehicle registration no.  Estimated cost of reinstatement  KShs.

4. Make and type of vehicle

5. Name of garage

6. When did the incident occur?  day/month/year

7. Name of driver of vehicle

8. Description of incident and damage

9. Has any damage been caused to the vehicle other than the breakage of the windscreen/windows? Yes ☐ No ☐

If yes, specify

10. Would you like the windscreen cover reinstated? Yes ☐ No ☐

If yes, give the value and if applicable, pay the premium  KShs.

#### DECLARATION

I/we hereby certify that the above answers are true to the best of my/our knowledge and belief.

Date  Signature of Insured



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### MOTOR THEFT CLAIM FORM

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- The issuing of this form is not to be taken as an admission of liability by the insurers.

CLAIM NO.  BROKER'S/AGENT'S REF. NO.

POLICY NO.

#### 1. INSURED

Name of Insured in full

Postal address  Postal code

Telephone - Office  House  Mobile

Email

Occupation/nature of business

Date last premium paid  day/month/year

#### 2. PARTICULARS OF VEHICLE

Make/model

When was the vehicle manufactured?  year H.P./C.C.  Vehicle registration no.

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

#### 3. CIRCUMSTANCES

Where did the loss occur?

When did the loss occur?  day/month/year Time  am/pm

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? Yes ☐ No ☐

Were all doors in the vehicle securely locked? Yes ☐ No ☐

Were all the windows closed? Yes ☐ No ☐

Was an anti-theft device fitted and activated? Yes ☐ No ☐

If yes, state type

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

When and from whom was the vehicle purchased?  day/month/year

When and where was the vehicle last serviced?  day/month/year

Are you the sole owner of the vehicle? Yes ☐ No ☐

Is there any hire purchase interest? Yes ☐ No ☐

If yes, give details

When were the Police notified?  Criminal register no.

Name of Police Station (attach Police abstract form)

Are there any other insurances against burglary, housebreaking or theft upon the same vehicle? Yes ☐ No ☐

If yes, specify

Have you had any vehicle stolen on previous occasions? Yes ☐ No ☐

If yes, give details (date, insurers etc)

IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC PLEASE COMPLETE THE FOLLOWING

Description	Price paid	From whom purchased	When purchased	Amount claimed

If the vehicle is 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? Yes ☐ No ☐

If yes, specify

Are there any special fittings or accessories? Yes ☐ No ☐

If yes, specify

Are there any identifying features, externally or internally, eg marks, scratches, disfigurements etc? Yes ☐ No ☐

If yes, specify

Mileage reading at the time of loss (approx)  Kms.

If the vehicle is recovered, please complete the following

When and where was the vehicle recovered?

Mileage at time of loss  Kms. Mileage upon recovery  Kms.

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 repairs should not be carried out without the approval of The Jubilee Insurance Company Limited, unless within the limit permitted by the Policy.

#### DECLARATION

I/we hereby declare that the whole of the statement made by me/us in this form of claim are in every respect true and I/we agree that if I/we made any false or untrue statement(s) 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  Rubber Stamp