



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 570534/572204 Email: hoinfo@firstassurance.co.ke, www.firstassurance.co.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 _____

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
-------------	-------	-----------	------	--------

