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- 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
<u>CIRCUMSTANCES</u>
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:-

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When

**Amount** 

From whom

**Price** 

Description



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	Paid	Purchased	Purchased	Claimed
IF VEHICLE NOT RECOVERED,	, please complete	the following and forward t	he registration book (if any).	
Engine No		Chassis or Frame No	)	
Type of body	Colour or combination of colours			
Have you had any alterations i	made which are r	ecognisable?		
Are there any identifying featu	ires externally or	internally, e.g. marks, scratch	nes, disfigurements etc?	
Are there any special fitments o	or accessories? _			<del></del>
Kilometer reading at the time o	of loss			
IF VEHICLE RECOVERED, Plea	se complete the f	ollowing:-		
Place and date recovered				
Kilometer reading at the time o	of loss and upon r	ecovery		
Details of damage sustained (i	f any)			
Where can the vehicle be inspe	ected?			
IF THE VEHICLE HAS BEEN DA SHOULD NOT BE PUT IN HAN POLICY.	-			
I/We hereby declare that the that if I/We have made any for fact, my/our right to recover un	alse or untrue stat	ement or statements, or if the		
Date	Sig	nature of Insured		

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