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IMPORTANT NOTICE

- 1. THE INFORMATION IS TO ENABLE THE COMPANY AND ITS SOLICITORS TO ADVISE ON AND TO CONDUCT ANY LEGAL PROCEEDINGS WHICH MAY ENSURE.
- 2. NO LIABILITY UNDER THE POLICY IS ADMITTED BY ISSUE OF THIS FORM.
- 3. ALL QUESTIONS IN THIS FORM MUST BE ANSWERED.

MOTOR THEFT CLAIM FORM

(1) INSURED

POLICY NO: _____ EXPIRY DATE: _____

Name of Insured: _____

ID NO : _____ PIN NO: ____ (Tel):

(D.O.B) ____

(Email): _____

(Postal): _____ (Code): _____ (City): _____

OCCUPATION/BUSINESS: _____

(2) VEHICLE

Make & Model _____

HP/CC: _____ Year of Manufacture _____

Reg.No(vehicle): _____ Carrying capacity: _____

Reg.No(Trailer): _____ Carrying capacity: _____

Name and address of Owner:

Name: _____

Address: _____

(3) VEHICLE USE

State the exact purpose for which the vehicle was being used at the time it was stolen.

(4) COMMERCIAL VEHICLE

Description of Goods being carried :

_____ Name of Owner of
goods: _____ was the Trailer
attached: _____

Weight of load on (a) Vehicle: _____
(b) Trailer(s) _____

(5) CIRCUMSTANCES

i. Where did the loss occur? _____.

ii. Who was in charge of the vehicle at time of loss?

iii. Was the vehicle in use with the Insured's permission or authority? _____ If "No", give
details: _____

i.v. was the vehicle locked? YES NO

Was an anti-theft device fitted? YES NO

If so, state type: _____

viii. Give the date the police were advised and the address of the Police Station stating Criminal Register Number _____

ix. What other steps have you taken to recover the vehicle ?

x. Are there any other insurance against Burglary, Housebreaking or theft upon the same vehicle?

YES

NO

If "Yes, give details:

(6) IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC., Please complete the following:-

Description	Price Paid	From whom Purchased	Date of Purchase	Amount Claimed

(7) IF VEHICLE NOT RECOVERED, Please complete the following and forward the Registration Book (if any)

Engine No: _____ Chassis or Frame Number: _____

Type of Body: _____ Color or Combination of Colors : _____

Have you had any alterations made which are recognizable? YES NO

If "Yes", give details:

Mileage reading at the time of loss: _____

(8) IF VEHICLE COVERED, Please complete the following:-

Place and date recovered: _____

Mileage reading at time of loss: _____ Upon Recovery: _____

Details of damage sustained (if any)

Where can the vehicle be inspected? _____

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IF THE VEHICLE HAS BEEN DAMAGED A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE BUT THE REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

I declare that this particulars are true and undertake to forward immediately (and unanswered) relating to this incident.

Date: _____ Signature: _____
