



The Jubilee Insurance Company of Kenya Limited

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MOTOR THEFT CLAIM FORM

- 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. INSURED

Name of Insured in full

Postal address Postal code

Telephone - Office House Mobile

Email

Occupation/nature of business

Date last premium paid

2. PARTICULARS OF VEHICLE

Make/model

When was the vehicle manufactured? 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? 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?

When and where was the vehicle last serviced?

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 _____