



LION OF KENYA

INSURANCE COMPANY LIMITED.

Head office: Williamson House, 4th Ngong Avenue
P O Box 30190, 00100 Nairobi, Kenya
Telephone 2710400 Fax: 2711177
E-mail: insurance@lionofkenya.com

Branch: Jubilee Insurance building, Moi Avenue
P O Box 80212 Mombasa, Kenya
Telephone 224976 Fax: 224356
E-mail: insurance.msa@lionofkenya.com

MOTOR THEFT CLAIM FORM

Claim No.

Name of Insured:
Address:
Occupation:
Policy No. Date last premium paid
Phone No.

PARTICULARS OF VEHICLE:

Make and Model:
Year of Manufacture: H.P. or C.C.
Registered letters and numbers:
Purpose(s) for which the vehicle was being used at the time it was stolen
.....

CIRCUMSTANCES:

Where did the loss occur?
On what date and at what hour did the loss occur?
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?
Were all doors in the vehicle securely locked?
Were all windows closed?
Was an anti-theft device fitted?
If so, state 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?
If so, please give details:
Give the date the Police were advised and the address of the Police Station stating Criminal Register
Number:

Are there any other insurances against Burglary housebreaking or Theft upon the same vehicle?.....

Have you had any vehicle stolen on previous occasions? If so, 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 Vehicle 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 colour:

Have you had any alterations made which are recognisable?

Are there any special fitments or accessories?

Are there any identifying features, externally or internally, e.g. Marks, scratches, disfigurements etc?

Mileage reading at the time of loss (Approx.)

IF VEHICLE RECOVERED, please complete the following:

Place and Date recovered:

Mileage reading at the time of loss and upon recovery:

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 PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

I/We hereby declare that the whole of the statements made by me/us in this Form of Claim are in every respect true and I/We agree that if I/We have made any false or untrue statement or statements 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: Insured's Signature:

Rubber Stamp:
