



FIDELITY SHIELD
INSURANCE COMPANY LIMITED

HEAD OFFICE

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ELDORET BRANCH

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MOTOR THEFT CLAIM FORM

Claim No.....

THE INFORMATION PROVIDED IS TO ENABLE THE COMPANY AND ITS SOLICITORS TO ADVISE ON AND TO CONDUCT ANY LEGAL PROCEEDINGS WHICH MAY ENSURE.

Name of Insured.....

Address

Occupation

Policy No..... Date of payment of last Premium

Particulars of Vehicle

Make

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?.....

Was the vehicle locked:.....

Was an anti-theft device fitted? If so, state type

Circumstances under which the loss occurred, and information if any.....

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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 Criminal Register Number
.....

Are there any other insurance against Burglary, Housebreaking or theft upon the same vehicle?.....
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IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC., Please complete the following:-

Description	Price Paid	From Whom Purchased	Purchased When	Amount Claimed
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.....
.....

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 colours

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.....

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.

Signature of Insured:.....Date:.....