



KENYAN ALLIANCE

## Motor Theft Claim (including accessories)

### Important Notice:

1. Repairs must not be authorized without prior authority from us.
2. All thefts (including accessories) must be reported to the Police and a report furnished to the company.

Name of Insured .....

Address ..... Tel No. ....

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 of authority? .....

.....

Was the vehicle Locked? .....

Was an anti-theft device fitted & in operation? If so, state type .....

.....

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

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.....

Date and from where the vehicle was purchased .....

Date and place the 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.

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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	When Purchased	Amount Claimed

Invoice for items purchased will be required to be produced to the Company

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

Engine No. .... Chassis or Frame No. ....

Types of Body..... Two / Four Door .....

Colour of combination of colours .....

Have you had any alteration made which are recognizable? .....

.....

Are there any special fitments of accessories? .....

.....Are there identifying features, externally of 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? .....

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.

I / We accept that incorrect information will invalidate this claim and may even lead to prosecution

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