

MOTOR VEHICLE THEFT REPORT FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire document.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation.
- Submit a Certificate of Incorporation, KRA pin certificate with this application.

INSURED

Policy No. _____ Renewal Date _____

Name _____ Business/Occupation _____

Address _____ Code _____ Town _____

Email Address _____

Tel. No (Landline) _____ Tel. No (Cell Phone) _____

VEHICLE

Make & Model _____ Reg. No. of Vehicle _____

HP/CC _____ Year of Make _____ Chassis No. _____

Engine No. _____ Type of Body _____ Colour _____

Date vehicle first registered (from Log Book) _____ Date of last service by whom _____

Marks and other special feature to help establish identity _____

Estimated value at time of loss _____ Date of purchase _____

Name and Address of Owner _____

Is vehicle subject to a Hire Purchase Agreement Yes No

State name and address of Finance Co. _____

PERSON IN CHARGE

Name _____ Address _____

Occupation _____ Date of Birth _____

For what purpose was the vehicle being used? _____

Was the vehicle being used with your permission? Yes No

CIRCUMSTANCES OF LOSS

Date _____ Time _____ Place _____

How long had the vehicle been unattended? _____

Were all the vehicle doors locked? _____

How was the vehicle otherwise immobilised? _____

State fully what happened _____

Do your suspicions rest upon anyone and if so on whom? _____

POLICE ABSTRACT

Police Station to which loss was reported? _____

Date and time of report _____

Police "Criminal Report" No. _____

IF VEHICLE AND/OR ACCESSORIES RECOVERED

Date recovered _____ Time _____ Where found _____

Nature of damage (please forward estimate for repairs) _____

Where is the vehicle now lying and in whose charge? _____

Are there any other insurance in force upon the vehicle? Yes No

NB: WHEN RETURNING THIS FORM PLEASE ENCLOSE THE LOG-BOOK

I Declare that these particulars are true and correct.

Date _____ Signature of Insured _____

(For Official Use Only)

Claim No. _____