



Africa Merchant Assurance Co. Ltd.

Transnational Plaza, 2nd Floor, Mama Ngina Street.

P.O. Box 61599-00200 Nairobi – Kenya,

Tel: (Pilot line) 312121, Fax: 340022

E-mail: info@amaco.co.ke

MOTOR THEFT CLAIM FORM

Insured	Claim number			
	Policy number			
Broker	Broker name		Claim number	
	Policy number			
Insured	Company name/Surname and initials			
	Company registration number			
	Identity number			
	VAT number			
	Occupation or business			
	Physical address			
	Postal address			
	Telephone numbers	Business		Cell
		Home		
Vehicle	Make			
	Model			
	Year			
	Registration number			
	Kilometers completed			
	Vehicle Identification no. (VIN)			
	Chasis number			
	Engine number			
	Exterior colour			
Interior colour				
Finance	Name			
	Branch			
	Account number			
	Type of agreement			
	Outstanding amount			
Owner	Name			
	Identity number			

Theft	Date		
	Time		
	Place		
	Police Station		
	Reference number		
	Date reported		
	Reported by		
	Circumstances		
	Was the vehicle locked?		
If not give reasons.			
Details of stolen accessories (please attach invoices). Are these separately insured?			
Anti-theft/Vehicle recovery device details	Make		
	Fitted by		
	Date		
PLEASE ATTACH PROOF OF DEVICE			
Details of window markings	Number		
	Applied by		
Details of scratches, dents, defects			
Details of other features which would assist identification			
PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE, AND THE LAST SERVICE INVOICE.			
<u>Declaration</u>			
I/We declare that the foregoing particulars are true in every aspect.			
Signature of Insured	Capacity	Date	