



KENYAN ALLIANCE



MOTOR THEFT CLAIM FORM

IMPORTANT NOTICE:

- Repairs must not be authorised without prior authority from us.
- All thefts (including accessories) must be reported to the police and a report furnished to the company.

Personal Details

Agency: Broker: Direct:

Intermediary:

Policy:

Client Name:

Postal Address: Postal Code:

Telephone No. Mobile Phone No.

E-mail Address:

Occupation:

Date of payment of last premium:

Technical Details

Vehicle registration: Make & Model:

Year of manufacture: H.P or C.C:

Purpose(s) to which the vehicle was being used at the time it was stolen:

Where did the loss occur?

On what date and what hour did the loss occur?

Who was in charge of the vehicle at the time of the loss or date?

Was the vehicle in use with the insured's permission or 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

Date vehicle was purchased? Where the vehicle was purchased

Date of last service? Place of last vehicle service

Is there any purchase interest?

Give the date police were advised and the address of the police station stating criminal register number.

IF THE CLAIM IS FOR OR SPARE PARTS, TYRES ETC. Please complete the following:

| Description | Price Paid | From Whom Purchased | When Purchased | Amount Claimed |
|-------------|------------|---------------------|----------------|----------------|
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