



It Pays!

REAL INSURANCE COMPANY LIMITED

P O Box 40001 – 00100, GPO, Nairobi

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MOTOR THEFT CLAIM FORM

CLAIM NO:

Name of Insured	
Address	
Occupation	
Policy No	Date of Payment of last premium
Phone No	

Particulars of Vehicle

Make	_____
Year of Manufacture	_____
Registered letter 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	_____

Date and from whom the vehicle was purchased	_____
Date and place of last vehicle service	_____
Are you the sole owner of the vehicle?	_____
Give the date the Police were advised and the address of the Police Station stating criminal register number	_____
Are there any other insurances against Burglary, Housebreaking or theft upon the same vehicle?	_____

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	_____

If the vehicle NOT recovered, please complete the following and forward the Registration Book (if any)

Engine No. _____ Chassis Frame No. _____

Type of Body	_____
Colour or combination of colours	_____
Have you had alterations made which are recognizable?	_____
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 that if I/We have made any false or untrue 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 the Insured _____ Date _____