



CIC GENERAL INSURANCE

We keep our word

# Motor Theft Claim Form

CIC GENERAL INSURANCE LIMITED

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M-Pesa Business No. 600112

AGENCY / BROKER

## INSURED'S DETAILS

NAME:

SURNAME

OTHER NAMES

POSTAL ADDRESS:

CODE:

TOWN:

OCCUPATION:

AGE:

EMAIL:

MOBILE:

FINANCER DETAILS (If any)

## PARTICULARS OF VEHICLE

1. Registration Numbers:

Chasis No.:

2. Make:

Engine No.:

3. Year of manufacture:

Cubic capacity:

4. Estimate value:

Type of body:

Colour:

5. Purpose(s) for which the vehicle was being used at the time it was stolen:

6. Major visible alterations on the vehicle

7. Where is the vehicle normally parked overnight?

8. Special fittings or accessories

9. Are there any identifying features, Externally or Internally e.g. marks, scratches, disfigurements etc?

## CIRCUMSTANCES

1. Where did the loss occur?

2. On what date and time did the loss occur? Date:

Time:

3. Who was in charge of the vehicle at the time of the loss?

If not the Insured, did the person have your authority?

4. Provide details of other occupants and their contacts

5. Was the vehicle locked?

Were there anti-theft devices fitted?

If yes, state types:

6. Detail the circumstances under which the loss occurred: