



MOTOR THEFT CLAIM FORM

Paybill: 600112

Agency / Broker: _____

INSURED DETAILS

Name: _____

Postal Address: _____ Code: _____ Town: _____

Age: _____ Tel No: _____ Mobile: _____

Occupation: _____

Email: _____

Financer Details (If any): _____

PARTICULARS OF VEHICLE

1. Registration No: _____ Chasis No: _____

2. Make: _____ Engine No: _____

3. Year of Manufacture: _____ Cubic Capacity: _____

4. Estimate Value: _____ Type of Body: _____ Color: _____

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 accssories: _____

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? Yes: No:

4. Provide details of other occupants and their contacts

5. Was the vehicle locked? Yes: No: Were there anti-theft devices fitted? Yes: No:
If yes, state types:

6. Detail the circumstances under which the loss occurred:

7. Date and from whom the vehicle was purchased: _____

8. Date and place where the vehicle was last serviced: _____

9. Date the loss was reported to the police: _____

10. Name of police station: _____

11. Occurrence Book (O.B) No.: _____

12. Theft of Parts, Spare Parts, Tyres and Accessories

Description	Amount Claimed

Attach receipt if already replaced

I/We hereby declare that the whole of the statements made by me/us in claim form are in every respect true, and I/We agree that if I/We have made any false or untrue statement(s), or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Date: _____ Signature & Stamp: _____

Claim supporting documents:

- Original police abstract
- Copy of Driver's Licence
- Certificate of Antitheft Device
- Copy of log book

Official Use:

Policy No: _____

Claim No: _____

Payment Status: _____

Was valuation done? Yes: No: Value: _____

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