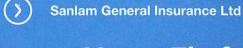


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Motor Theft Claim Form

Personal Details	
Policy No.:	
Client Name:	
Postal Address:	Postal Code.
Telephone No.	Mobile No.
E-mail Address:	
Occupation:	
PIN No.	
Tachuital Dataile	
Technical Details Particulars of Claim	
	Make & Model:
Vehicle registration:	
Year of manufacture:	H.P or C.C:
Purpose(s) to which the	e vehicle was being used at the time it was stolen:
How did the loss occur	2
How did the loss occur	
On what date and wha	at hour did the loss occur?
	3
who was incharge or u	he 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	? Yes No
Was an anti-theft device	
	se fitted & functional Tes Two
If so, state type	which the loss occurred, and information if any
Circuitistatices under vi	which the loss occurred, and information if any
DK.	
Date vehicle was purch	200000
,	
Where the vehicle was	purchased
Date of last service?	
Place of last vehicle se	rvice
Is there any purchase i	interest? Yes No
Give the date police we	ere advised and the name of the police station stating OB Number.
IE THE CLAIM IS FOR	OD SDADE DADTS TYPES ETC Planes complete the following:
IF THE CLAIM IS FOR	OR SPARE PARTS, TYRES ETC. Please complete the following:



Description	Price Paid	Purchased	Purchased	Amount Claimed
and the second second		à .	*	
		aux name		
		*		
Invoices for the items purchas IF VEHICLE NOT RECOVERE Engine No. Type of body: Colour combination of colour Have you had any alterations Are there any special fitments	D. Please complete t Cha s: made which are reco	he following and fo ssis No. or Frame Two or I	orward the copy	of Log Book (if any
Are there any identifying feat	ures, extremely or in	ternally e.g. marks	, scratches, disfig	gurements etc?
Mileage reading at the time o	f loss and upon reco	very?		
Details of damage sustained	(If any)?			
Declaration	ALANA SANTANIAN SANTANIA			
I/We declare that these part unanswered) any correspond				d immediately (and
	r + .s			
Name of Insured:		X -2" -2"	· · · · · · · · · · · · · · · · · · ·	
Signature of Insured:			Date:	