



Regulated by the Insurance Regulatory Authority

Resolution Insurance Company Limited
 Parkfield Place, Muthangari Drive, Westlands
 P. O. Box 4469 - 00100, Nairobi, Kenya
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Motor Theft Claim Form

Claim Ref. No.

Broker / Agent

Important Notes

In addition to the claim form, please submit the following:

- Police abstract report
- Copy of the logbook
- Service records

In the event that the claim is settled, we will require the following:

- Original cleared log book
- Signed but UNDATED transfer form
- Copy of PIN number certificate
- Copy of company incorporation certificate
- Copy of ID Card
- Copy of VAT certificate
- Duplicate vehicle key(s)
- Duplicate certificate of insurance cover note

The information provided should be true and complete for the contract to be valid.

(Note: Please complete all sections in **Block Letters** and **BLACK ink**)

Policy No.

Policy Period: From To

INSURED

Name

Postal Address

Telephone No.

Policy No.

VEHICLE

Make & Model Year of Manufacture

Reg. No. of Vehicle Carrying Capacity

USE

State the EXACT PURPOSE for which the vehicle was being used at the time of the accident

CIRCUMSTANCES OF THEFT

- Where did the loss occur?
 - On what date and at what time did the loss occur? Time a.m/p.m
 - 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?
 - Were all doors and windows in the vehicle securely locked?
 - Was an anti-theft device fitted?
- If so, state type and attach certificate:

- 7. State, clearly, what happened:
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- 8. Date and from whom the vehicle was purchased:
- 9. Date and Place of last vehicle service:
- 10. Are you the sole owner of the vehicle?
- 11. Is there any hire purchase interest?
- If so, please give details:
- 12. Give the date the police were advised and the address of the police station stating occurrence book number:
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- 13. Have you had similar claim(s) under the policy or with other insurance companies?
- If so, give details (date, insurers, etc.)

IF THE CLAIM IS FOR LOSS OF SPAREPARTS, TYRES ETC. PLEASE COMPLETE THE FOLLOWING:

Description	Price Paid Kshs	Where It Was Purchased	Date Purchased	Amount Claimed Kshs

If vehicle is NOT recovered, please complete the following and forward the registration book (if any)

- Engine no: Chassis or Frame no:
- Type of body:
- Colour or combination of colour:
- Have you made any alternations that are recognizable?
- Are there any special fitments or accessories?
- Are there any identifying features, externally or internally, e.g. marks, scratches, disfigurement etc?
-
- Mileage reading at the time of loss (approx.)

IF VEHICLE IS 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 COMMENCE WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

DECLARATION

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

Date:

D	D	M	M	Y	Y	Y	Y
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Insured's Signature:

Company Stamp:



RESOLUTION INSURANCE COMPANY LIMITED

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