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MOTOR ENTERTAINMENT SYSTEM CLAIM FORM

(All questions in this form must be answered in block letters and in the claimant's own handwriting or to his dictation)

AGENCY: _____ TELEPHONE: _____ E-MAIL: _____

POLICY NUMBER:

1. GENERAL INFORMATION

Full name of insured: _____

Postal Address: _____ Code: _____ Town: _____

Telephone number: _____ Cellphone Number: _____

E-mail Address: _____

Business Occupation: _____

2. THE VEHICLE

Registration Number: _____ Make: _____ Year of Manufacture: _____

For what specific purpose was the vehicle being used at the time of the occurrence?

3. DRIVER

Name: _____ Address: _____

Telephone: _____ Email Address: _____

Licence Number: _____ Date of issue: _____

Was He / She driving with your authority? _____

4. DETAILS AND CIRCUMSTANCES OF LOSS

Date: _____ Time: _____ a.m / p.m.

Where did the loss occur? _____

Who was in charge of the vehicle at the time of loss? _____

Were all doors in the vehicle securely locked? _____

Were all windows closed? _____

Was an anti-theft device fitted? _____

If so, state type? _____

Please give full information as to how the loss occurred. _____

(Please turn over to the next page)

DETAILS OF LOST ITEMS. Kindly give details correctly:-

Make	Model	Where Purchased / Seller	When Purchased	Value

5. PARTICULARS OF LOSS / DAMAGE

Was the radio / item (s) stolen or damaged? _____

If stolen, what is the replacement value? _____

If damaged, what is the repair cost? _____

Was there damage to any other part of the vehicle? _____

If so, please give details. _____

6. DECLARATION:-

I/WE hereby declare that the whole of the statement made by me/us in this form of claim are in every respect true and I/WE agree that if I/We 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.

Signed by the Insured:-

Date: _____ Signature: _____ Rubber stamp: _____
(if corporate)