

HEAD OFFICE:
 Upper Hill Close,
 P. O. Box 46666 - 00100, Nairobi
 Tel: 020 - 2844000 / 0709 922 000
 Emergency Line: 0715 992 952

Email: gibclaimsdepartment@madison.co.ke
 Web: www.madison.co.ke
 Dial *828# and select pay premium
 MPESA Paybill: 880928

MOTOR THEFT 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. INSURED

Name of Claimant in full: _____

Postal Address: _____ Postal code: _____

Main Telephone Number: _____ Alternative Telephone Number: _____

Email: _____

Date of payment of last premium: (dd/mm/yy) _____

2. PARTICULARS OF VEHICLE

Make / Model: _____

When was the vehicle manufactured? Year _____ H.P/C.C _____ Vehicle registration number _____

Purpose(s) for which the vehicle was being used at the time it was stolen? _____

3. CIRCUMSTANCES

Please complete the following:-

Where did the loss occur? _____

When did the loss occur? Date: (dd/mm/yy) _____ Time (am/pm) _____

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 in the vehicle securely locked? _____

Were all the windows closed? _____

Was an anti-theft device fitted and activated? _____

If "Yes" state type:- _____

Circumstances under which the loss occurred, and additional information, if any:-

When and where was the vehicle last serviced? (dd/mm/yy) _____

Are you the sole owner of the vehicle? _____

Is there any hire purchase interest? _____ if "Yes" specify _____

Have you had any vehicle stolen on previous occasions? _____

Do you have any independent witness? If "yes" give details:

Name	Address	Telephone
1.		
2.		

If 'Yes' give details (Date, Insurers etc)

4. IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC PLEASE COMPLETE THE FOLLOWING

Description	Price Paid	From Whom purchased	when purchased	Amount claimed

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

Engine number _____ Chassis of frame number _____

Type of body _____

Colour or combination of colours _____

Have you had any alterations made which are recognisable? _____

If 'Yes' give details (Insurers etc) _____

Are there any special fittings or accessories?

If 'Yes' Specify _____

Are there any identifying features, externally or internally e.g marks, scratches, disfigurements etc?

If 'Yes' Specify _____

Mileage reading at the time of loss (approx) (kms) _____

If the vehicle is recovered, please complete the following

When and where was the vehicle recovered? (DD/MM/YY) _____

Mileage at time of loss (kms) _____ Mileage Upon recovery (kms) _____

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 be carried out without the approval of **Madison General Insurance Kenya Limited**, unless within the limit permitted by the policy.

5. 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 policys hall be absolutely forfeited.

Signed by the insured:-

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