

Sanlam General Insurance Limited  
Gateway Place, Jakaya Kikwete Road  
P.O. Box 60656-00200 Nairobi, Kenya

T +254 (0)20 278 1000  
M +254 (0)719 035 000  
E [info@sanlam.co.ke](mailto:info@sanlam.co.ke)  
W [www.sanlam.co.ke](http://www.sanlam.co.ke)

**Personal Details**

Policy No.:   
Client Name:   
Postal Address:  Postal Code:   
Telephone No.  Mobile No.   
E-mail Address:   
Occupation:   
PIN No.

**Technical Details****Particulars of Claim**

Vehicle registration:  Make & Model:   
Year of manufacture:  H.P or C.C:   
Purpose(s) to which the vehicle was being used at the time it was stolen:

How did the loss occur?

On what date and what hour did the loss occur?

Who was in charge of the vehicle at the time of the loss or date?

Was the vehicle in use with the insured's permission or authority? Yes  No

Was the vehicle locked? Yes  No

Was an anti-theft device fitted & functional Yes  No

If so, state type

Circumstances under which the loss occurred, and information if any

Date vehicle was purchased?

Where the vehicle was purchased

Date of last service?

Place of last vehicle service

Is there any purchase interest? Yes  No

Give the date police were advised and the name of the police station stating OB Number.

IF THE CLAIM IS FOR OR SPARE PARTS, TYRES ETC. Please complete the following:

Description	Price Paid	From Whom Purchased	When Purchased	Amount Claimed

Invoices for the items purchased will be required to be produced to the company.

IF VEHICLE NOT RECOVERED. Please complete the following and forward the copy of Log Book (if any)

Engine No.  Chassis No. or Frame No.

Type of body:  Two or Four door?

Colour combination of colours:

Have you had any alterations made which are recognisable?

Are there any special fitments or accessories

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

Mileage reading at the time of loss and upon recovery?

Details of damage sustained (If any)?

## > Declaration

I/We declare that these particulars are true and correct and undertake to forward immediately (and unanswered) any correspondence relating to this accident/incident.

Name of Insured: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_ Date: \_\_\_\_\_