

## MOTOR THEFT REPORT FORM

Insurer's Claim No.

Broker Ref. No.

### IMPORTANT NOTICE

Please attach the following documents:

- A copy of the insured's or drivers driving license
  - The police abstract.
  - Any other relevant documents.
1. No Liability Is admitted by Issue of this form Insurers Claim No:
  2. Neither owner nor driver may admit fault or liability for this Accident.
  3. Do not answer communications about this Accident. Direct these to the Insurance Company for Action.
  4. Please let us have an estimate of repair cost
  5. Repairs must not be authorized without prior authority of the Insurance Company
  6. All questions on this form must be answered

Inaccurate responses will lead to delayed processing of your claim.

### 1. INSURED

Name

Mobile No. (Main)

Mobile No. (Alternative)

Residential Address

Area

Street/Road

LR/Plot No.

P.O. Box

Code

Town/City

ID / Passport

Email

Business/ Occupation

### 2. POLICY

Policy Number

Period of Insurance; From (DD/MM/YYYY)

To (DD/MM/YYYY)

Cover Type: Comprehensive TPF&T

TPO

Name of hire purchase or finance company (if any)

### 3. VEHICLE

Make & Model

Year of Manufacture (DD/MM/YYYY)

Reg. No. of Vehicle

Carrying Capacity

Reg. No. of trailer

Capacity

#### 4. USE

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

---

#### 5. COMMERCIAL VEHICLES

Description of goods being carried

Name of owner of goods

First Name

Middle Name

Surname

Was a trailer attached?

Yes

No

Weight of load on

(a) Vehicle

(b) Trailer(s)

---

#### 6. DRIVER'S DETAILS (even if the insured)

First Name

Middle Name

Surname

Mobile No. (Main)

Mobile No. (Alternative)

Residential Address

Area

Street/Road

LR/Plot No.

P.O. Box

Code

Town/City

ID / Passport

Email

KRA PIN

Date of Birth (DD/MM/YYYY)

Occupation

Is he/she employed by you?

Yes

No

How long has he/she been in your service?

From (DD/MM/YYYY)

To (DD/MM/YYYY)

Was he/she driving with your permission?

Yes

No

How long has he/she been driving motor vehicles?

From (DD/MM/YYYY)

To (DD/MM/YYYY)

Was he/she in any way to blame for the accident?

Yes

No

Did he/she admit liability?

Yes

No

Has he/she had any previous accidents?

Yes

No

If so, how many?

Approximate date? (DD/MM/YYYY)

Has he any conviction for any offence in connection with any motor vehicle or any charges pending?

Yes

No

If so, give details Including dates

Does he/she hold a Full or Provisional License to drive this vehicle?

Full

Provisional

If Full, state date when driving test first passed (DD/MM/YYYY)

Number

Does he/she own a Motor Vehicle?

Yes

No

If so, give Name of Insurer

Address of Insurer

Driver's Policy No.

**7. THEFT**

Date of Accident (DD/MMYYYY)

Time a.m/p.m

Place / Location

Did police take particulars?      Yes              No

If so, give Constable's number and station

To which police station was the accident reported?

Attach copy Notice of Intended prosecution if any.

**8. STATEMENT BY DRIVER**

Signature of Driver

**9. STATEMENT BY THE OWNER OR INSURED**

Signature of The Owner or Insured

**10. DAMAGE TO INSURED VEHICLE**

State briefly apparent damage

(IN ALL CASES WHERE YOUR VEHICLE IS DAMAGED AND YOU ARE ENTITLED TO CLAIM UNDER YOUR POLICY, PLEASE SEND AT ONCE TO THE COMPANY AN ESTIMATE FOR REPAIRS).

Repairers Name

Repairers Address

Tel. No

Is the vehicle still in use?

Yes

No

When and where can it be inspected?

**11. PERSONS INJURED**

| Name and address | Relationship to the owner | If driver or passenger<br>Registration Number<br>of vehicle | Apparent Injuries |
|------------------|---------------------------|---|-------------------|
|                  |                           |   |                   |
|                  |                           |   |                   |
|                  |                           |   |                   |
|                  |                           |   |                   |

**12. INDEPENDENT WITNESSES**

| Name | Address | Mobile No. | Email |
|------|---------|------------|-------|
|      |         |            |       |
|      |         |            |       |
|      |         |            |       |

**13. PASSENGERS IN YOUR VEHICLE**

| Name | Address | Mobile No. | Email |
|------|---------|------------|-------|
|      |         |            |       |
|      |         |            |       |
|      |         |            |       |

**DECLARATION**

I/We declare that to my/our knowledge that the answers and particulars given in this Claim Form are true and complete and that I/we have not withheld any material information. I/We have also read and understood that this Claim Form and Declaration shall be the basis of the Contract between me/us and PACIS Insurance Company Limited.

---

**DATA PRIVACY**

*I/ We willingly provide my/ our personal information in this Claim Form and consent its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website [www.pacisinsurance.com](http://www.pacisinsurance.com)) and in accordance with Data Protection Act, 2019.*

---

Date of Completion of Claim Form ( DD/MM/YYYY)

First Name

Middle Name

Surname

Signature of Insured (and stamp)