

# CLAIM FORM - MOTOR THEFT

## PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission.

NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organisation; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you.

Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

## SECTION A : PROPOSER DETAILS

1. Name of Insured \_\_\_\_\_ Tel. No \_\_\_\_\_
2. Address \_\_\_\_\_ Postal Code \_\_\_\_\_
3. Town \_\_\_\_\_ Occupation \_\_\_\_\_
4. Policy Number \_\_\_\_\_ Expiry Date \_\_\_\_\_  
(mm/dd/yyyy)

## SECTION B : PARTICULARS OF VEHICLE

1. Make \_\_\_\_\_
2. Year of Manufacture \_\_\_\_\_
3. H.P. or C.C \_\_\_\_\_
4. Reg. No. of Vehicle \_\_\_\_\_
5. Purpose(s) for which the vehicle was being used at the time it was stolen:  
\_\_\_\_\_  
\_\_\_\_\_

## SECTION C : CIRCUMSTANCES

1. Where did the loss occur?  
\_\_\_\_\_  
\_\_\_\_\_
2. On what date and at what hour did the loss occur?  
\_\_\_\_\_
3. Who was in charge of the vehicle at the time of the loss?  
\_\_\_\_\_
4. Was the vehicle in use with the insured's permission or authority?  Yes  No
5. Was the vehicle locked?  Yes  No
6. Was an anti-theft device fitted?  Yes  No

If so, attach copy of certificate

7. Circumstances under which the loss occurred, and information if any

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8. Date and place of last vehicle service \_\_\_\_\_

9. Are you the sole owner of the vehicle?

Yes  No

10. Name of hire purchase or Finance Company \_\_\_\_\_

11. Are there any other Insurance against theft upon the same vehicle?

Yes  No

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

Description	Price Paid	From Whom Purchased	Purchased When	Amount Claimed

13. IF VEHICLE NOT RECOVERED, Please complete the following and forward the ORIGINAL LOG-BOOK if available.

a. Engine No.: \_\_\_\_\_

b. Type of Body: \_\_\_\_\_

c. Colour or combination of colours: \_\_\_\_\_

d. Chassis or Frame No.: \_\_\_\_\_

e. Have you had any alterations made which are recognizable?

Yes  No

f. Are there any special fitments or accessories?

Yes  No

g. Are there any identifying features, interiorly or exteriorly e.g. marks, scratches, disfigurements etc?

Yes  No

h. Mileage reading at the time of loss (Approximately) \_\_\_\_\_

14. IF VEHICLE RECOVERED, Please complete the following:

a. Place and date recovered \_\_\_\_\_

b. Mileage reading at the time of loss and upon recovery \_\_\_\_\_

c. Details of damage sustained (if any) \_\_\_\_\_

d. Where can the vehicle be inspected? \_\_\_\_\_

## SECTION D : DECLARATION

### Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting [ncbainsurance@ncbagroup.com](mailto:ncbainsurance@ncbagroup.com).

I consent

I do not consent

NCBA Insurance Company Limited is regulated by the Insurance Regulatory Authority

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**Declaration**

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for NCBA Insurance to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**(If Corporate):**

**Name:** \_\_\_\_\_

**Company Stamp and Date:**

