

SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

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MOTOR THEFT CLAIM FORM

Instruction: Use (✓) where appropriate.

NOTE: The information provided is to enable the Company's Solicitors to advise on and to conduct any legal proceedings which may ensue.

Type/Class of Vehicle: Private Commercial

PART A: POLICY DETAILS

POLICY NO:

Date of payment of last Premium: ___/___/____ format dd/mm/yyyy

PART B: PARTICIPANT DETAILS

FULLNAME:

ADDRESS:

TELEPHONE:

OCCUPATION:

PART C: PARTICULARS OF VEHICLE

Maker	Year of Manufacture	H.P. Or C.C.	Registered letters and numbers	Purpose(s) for which the vehicle was being used at the time it was stolen

PART D: CIRCUMSTANCES

i- Where did the loss occur?

ii- When did the loss occur? Time: __: __ am/pm format HH:MM Date: ___/___/____ format dd/mm/yyyy

iii- Who was in charge of the vehicle at time of the loss?

iv- Was the vehicle in use with the Insured's permission or authority? YES NO

Authorized and Regulated by:



Member of:



v- Was the vehicle locked? YES NO

vi- Circumstances under which the loss occurred?

vii- Mileage reading at time of loss:

viii- Are you the sole owner of the vehicle? YES NO

ix- Is there any hire purchase interest? YES NO

x- Give the date the police were advised and the address of the Police Station?

(a) Date: __/__/____ format dd/mm/yyyy

(b) Address:

PART E: OTHER DETAILS

i- 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 (allow for age, wear, and tear, and salvage)

ii- IF VEHICLE NOT RECOVERED please complete the following and forward the Registration Book (if any);

(a) Engine No:

(b) Chasis of Frame No:

(c) Type of body:

(d) Colour/Combination of colours:

(e) Have you had any alterations made which is recognisable? YES NO

(f) Are there any special fitments or accessories? YES NO

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

YES NO

If yes, please specify:

Authorized and Regulated by:

Member of:



iii- IF MOTORCYCLE RECOVERED please complete the following;

(a) Date recovered: ___ / ___ / _____ (b) Place recovered:

(c) Mileage reading at the time of recovery:

(d) Details of damage sustained (if any):

(e) 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 THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY.

PART F: OTHER TAKAFUL/INSURANCE DETAILS

Are there any other insurances/Takaful against Burglary, Housebreaking or Theft upon the same vehicle?

YES NO

If YES, please give full details below:

PART G: DECLARATION

I/We hereby declare that the whole of the statements made by me / us in this Form of Claim are in every respect true and I/ We agree that if I/ We have made any false or untrue statement or statements, or if there be any suppression or concealment of any materials fact, my/our right to recover under the policy shall be absolutely forfeited.

Address..... Witness:

Signature of Insured..... Date.....20.....

Authorized and Regulated by:



Member of:

