

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: [www.salamtakafulinsurance.com](http://www.salamtakafulinsurance.com)

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## TRICYCLE CLAIM FORM

**Instruction:** Use (✓) where appropriate.

**NOTE:** i- The Company does not admit liability by the issue of this form.

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

### PART A: POLICY DETAILS

POLICY NO:

Date of payment of last contribution: \_\_/\_\_/\_\_\_\_ format dd/mm/yyyy

### PART B: PARTICIPANT DETAILS

FULLNAME:

ADDRESS:

TELEPHONE:

OCCUPATION:

### PART C: MOTORCYCLE DETAILS

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

### PART C: LOSS DETAILS

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 motorcycle at time of loss?

iv- Was the motorcycle locked?  YES  NO

Authorized and Regulated by:

Member of:



v- Circumstances under which the loss occurred?

vi- Mileage reading at time loss:

vii- Are you the sole owner of the motorcycle?  YES  NO

viii- Is there any hire purchase interest?  YES  NO

ix- Give the date the Police were advised and the address of the Police Station;

(a) Date: \_\_\_/\_\_\_/\_\_\_\_ format dd/mm/yyyy

(b) Address:

#### PART D: 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 MOTORCYCLE 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 are 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?

**PART E: OTHER TAKAFUL/INSURANCE DETAILS**

Are there any other insurance/takaful against Burglary, Housebreaking, or Theft upon the same motorcycle?

YES  NO

If YES, please give full details below:

**PART F: 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 have made any false or untrue statement or statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolute forfeited.

Address..... Witness.....

Signature of Participant..... Date.....20.....

IF THE MOTORCYCLE 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.

Authorized and Regulated by:



Member of:

