



# Industrial and General Insurance Plc

Plot 741, Adeola Hopewell Street, V/Island, Lagos.

P.M.B. 80181, Victoria Island, Lagos.

Tel: +234-1- 6215010-4, Fax: +234-1-2621146

Website: [www.iginigeria.com](http://www.iginigeria.com), E-mail: [info@iginigeria.com](mailto:info@iginigeria.com)

## MOTOR THEFT CLAIM FORM

The information required in this form is sought in the bona fide belief that litigation may ensue, and for the purpose of furnishing to the solicitors of the company information to enable them to advise us on behalf of the insured in anticipation of litigation.

Please answer all questions fully and return forms without delay.

Policy No  Claim No

Agency

Insured

Contact Address  State

Postal Address  State

Occupation

Telephone  Mobile  Email

Last premium Date:

Address at which vehicle

Usually Garaged

Are you insured elsewhere in respect of this risk? YES  NO

### VEHICLE

Make	Year of Manufacture	H.P. or CC	Registration No	Engine Number	Chasis Number	Type of Body

Colour or Combination of colours  Where and when did you buy the vehicle?

How much did you pay for it?  How much are you claiming? N

### CIRCUMSTANCES

Where did the loss occur?

On what date and at what hour did the loss occur?

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

Was the vehicle in use with the Insured's Permission or authority?

How was the vehicle protected before the loss?

State full circumstances under which the loss occurred?

Mileage reading at the time of loss:  Are you the sole owner of the vehicle?

Is there any hire purchase interest? If yes, give details:

Give the date the police were advised and address of the police station?

Have you had any alteration made which are recognizable?

Are there any special fitting or accessories?

Are there any identifying features, externally, e.g. Marks, Scratches, disfigurements, etc

**IF VEHICLE RECOVERED** please complete the following:

Place and date recovered

Mileage reading at the time of recovery

Details of damage sustained (if any)

Where can the vehicle be inspected?

**IF THE VEHICLE HAS BEEN DAMAGED A DETAILED ESTIMATE OF REPAIRS SHOULD BE SUBMITTED AS SOON AS POSSIBLE BUT THE REPAIRS SHOULD NOT BE EFFECTED WITHOUT THE APPROVAL OF THE COMPANY**

I/WE hereby declare that the whole of the statements made by me/us in this form of Claims are in every respect true, and 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 absolutely forfeited.

Signature of Insured  Witness

Date:  Address: