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MOTOR THEFT CLAIM FORM

To help us deal with your claim as quickly as possible PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form.

In addition to the claim form, please submit the following:

- Police abstract report
- Copy of the logbook
- Service records

In the event that the claim is settled, we will require the following:

- Original cleared log book
- Signed but UNDATED transfer form
- Copy PIN number certificate
- Copy of company incorporation certificate
- Copy of ID Card
- Copy of VAT certificate
- Duplicate vehicle keys
- Duplicate certificate of insurance cover note

PLEASE NOTE

- If you make a claim that is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this policy will be forfeited.

Remember, the more information you provide to us, the easier it will be to process your claim. If the spaces provided for answers are inadequate, please write on and attach a separate sheet of paper.

Insured's Details

Name _____
Last Middle First

Policy Number _____

Date of payment of last premium _____ Address _____

Period of insurance: From _____ To _____

Address _____ E-mail _____

UAP Insurance Rwanda Ltd.

Grand Pension Plaza – 7th Floor, BP 6644 Kigali, Rwanda, Tel: 252500905-7, Fax 252500908, Email: unionrw@uap-group.com; www.uap-group.com



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Telephone (Office) _____ (Cell) _____ Fax _____

Business or Occupation _____

V.A.T. registration No. _____ PIN No. _____

Vehicle Details

Make _____ Model _____

Reg. no. _____ CC _____

Year of manufacture _____ Colour _____

Chassis No _____ Engine No _____

Type of body _____

Date vehicle first registered (from logbook) _____

Date of last service _____ By whom _____

Mileage at time of loss _____

Marks and other special features to help establish identity of the vehicle _____

Date of purchase _____ Purchase price _____

Estimated value at time of loss _____

Name and address of owner _____

Is the vehicle subject to a Hire Purchase Agreement? Yes No

State name and address of finance company _____

Driver/Person in charge at time of loss

Name _____

Last

Middle

First

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Police station where the loss was reported _____

Date and time of the report _____

Police O.B. No _____

If vehicle and/or accessories recovered

Date recovered _____ Time _____

Where found _____

Nature of damage (Please forward estimate for repairs) _____

Where is the vehicle now lying and in whose charge? _____

Is there any other insurance in force upon the vehicle? _____

If so, please supply details _____

Declaration

I/We declare that all the answers are true and complete to the best of my/our knowledge.

I/We hereby claim for the loss or damage as set out above.

Date _____

Signature of insured _____

Name _____

Title _____

Company Stamp

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