

The issue of this form is
not an admission of liability



ICEA LION GENERAL INSURANCE COMPANY (TANZANIA) LTD

P.O. BOX 1948 DAR ES SALAAM

TEL: 2774999 / 2775039 / 2775059 FAX: 2775094

EMAIL: insurance@icealion.co.tz

MOTOR THEFT REPORT FORM

The insured Name:

Address: Tel No:.....

The Vehicle Make..... Registration marks

Details Year of ManufactureC.C./Carrying Capacity.....

Date of PurchaseFrom Whom Purchased

Date and Place of last workshop service.....

.....

The Vehicle For what purpose was it used?

Before the loss Who was in charge of it?

Give details of any anti-theft devices fitted and activated

.....

.....

What was the mileage reading?

State the name of any Hire Purchase or Loan Interest.....

.....

The Circumstances

of the Loss Date Time Place

What happened?.....

Which Police Station was advised? When

If the vehicle

has been recovered State: the circumstances

.....

Give details of any damage or parts missing

.....

Declaration The information given here is true and complete to the best of my knowledge.

Signature Date: Name