

FBC Insurance Company Limited THEFT NOTIFICATION

| 1. | INSUR | POLICY NO | | | |
|----|--|--|--|--|--|
| | ADDRE | | | | |
| | | CONTACT PHONE: | | | |
| | | | | | |
| 2. | VEHICL | MAKE YEAR | | | |
| | | MODEL REG. NO | | | |
| | | RADIO MAKE, MODEL & YEAR | | | |
| | | SPEEDO ALARM FITTED - Yes/No AMOUNT OF FUEL | | | |
| 3. | GENERAL INFORMATION: N.B. "Operator" means person in whose custody keys were at the time of the theft. | | | | |
| | a) | a) Operator's NameContact Phone | | | |
| | | ddress | | | |
| | b) | he have Insured's permission to operate vehicle? | | | |
| | c) | For what purpose was vehicle being used? | | | |
| | d) | reported to Police which Police Station | | | |
| | Police I/R No. or RRB No NB certified copy of initial Police Rep | | | | |
| | Containing driver's statement must be attached | | | | |
| | e) | as vehicle securely locked? | | | |
| | f) | re keys still in your possession Yes/No | | | |
| | g) | ire Purchase amount owing to whom | | | |
| | h) | vehicle insured with any other company? | | | |
| | i) | Colour of Vehicle | | | |
| | j) | ny visible marks that will assist in identifying vehicle | | | |
| | k) | Do your suspicions rest on someone, if so give details | | | |
| 4. | Detailed statement or circumstances leading to theft of vehicle | | | | |
| | Date of | neftam/pm | | | |
| | Place o | heft Town | | | |

| | I(full name on Insured/Operator) | | | | |
|------|--|-----------------------|--|--|--|
| | hereby declared that | | | | |
| | and that the foregoing information is true and correct | | | | |
| Date | | Signature of Operator | | | |
| Date | | Signature of Insured | | | |