



MOTOR THEFT CLAIM FORM

INSURED

Name of Insured:		
Physical Address:	Postal Address	
Code	Code	
Policy No:		
Vat No:	Business Ph No:	Cell No:

VEHICLE

Reg No:	Make:	Model:
Year:	Kilometres:	Vehicle ID No:
Date Purchased:	Price Paid:	Chassis No:
Engine No:	Exterior Colour:	Interior Colour:

OWNER (If other than the Insured)

Surname & Initials:
Identity No:

FINANCE COMPANY

Name:	Branch:
Account No:	Agreement Type:
Outstanding Amount:	

THEFT

Date: __ / __ / ____	Time:	Place:
Police Station:	Date Reported: __ / __ /	Reported By:
Circumstances:		

Circumstances (cont.)

VEHICLE PROTECTION & ACCESSORIES

Was the vehicle locked?

Yes

No

If NO, give reasons

Details of the Stolen vehicle's accessories (please attach invoices)

Are these separately insured?

Yes

No

Anti-Theft / Vehicle Recovery Device (PLEASE ATTACH PROOF OF DEVICE FITTED)

Make:

Fitted By:

Date: ___/___/___

Window Marking No:

Applied By:

Details of scratches, dents, defects on vehicle:

Details of other features which would assist identification:

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE



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POLICY HOLDER BANK DETAILS

Name of Bank:	Account Holder:		
Bank Code:	Account No:	Type of Account:	
Signature of Account Holder:		Date:	/ /

DECLARATION

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Insured:	Capacity:
Date: _____ / _____ / _____	Signed at: