MOTOR THEFT CLAIM FORM

INSURED

Name of Insured:

Physical Address:

Code:

Postal Address:

Code:

Policy No:

VAT No:

Business Tel:

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:

MOTOR THEFT CLAIM FORM

THEFT

Date:		Time:		Place:	
Police Station:		Reported By:			
Date Reported:					

Circumstances:

VEHICLE PROTECTION

Was the vehicle locked?	YES	NO	If NO, give reasons:	

ANTI-THEFT/VEHICLE RECOVERY DEVICE (please attach proof of device fitted):

Make:		Fitted By:		Date:	
Window Marking No:		Applied By:			

VEHICLE ACCESSORIES

Details of stolen vehicle's accessories (please attach invoices):

Are these separately insured?	YES	NO

OTHER VEHICLE DETAILS

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

MOTOR THEFT CLAIM FORM

POLICY HOLDER BANK DETAILS

Name of bank:		Account holder:			
Bank code:		Account No:		Account type:	
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:	