

## MOTOR THEFT CLAIM FORM

INSURER	Name																									
	Claim Number																									
	Policy Number																									
INSURED	Company Name / Surname and Initials																									
	Company Registration / Number or Identity Number																									
	VAT Registration Number																									
	Occupation or Business Description																									
	Physical Address																									
	Postal Address																				Code					
	Telephone		Business						Fax						Home						Cell					
VEHICLE	Make																									
	Model																									
	Year		Registration Number																							
	Vehicle Identification Number		Engine Number																							
	Exterior Colour		Interior Colour																							
	Kilometers Completed																									
FINANCE COMPANY	Name																									
	Branch																									
	Account Number																									
	Type of Agreement																									
	Outstanding Amount																									
IMPORTANT	<p><b>PLEASE KEEP THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND LAST SERVICE INVOICE AS THESE ARE REQUIRED TO SETTLE THE CLAIM. A CLEAR COPY OF THE DRIVERS LICENCE OF THE PERSON WHO WAS IN CUSTODY OF THE VEHICLE AT THE TIME OF THEFT</b></p>																									
OWNER	Name																									
	Identity Number																									

THEFT

Date			
Time			
Place			
Police Station reported to		Case Number	
Date Reported		Reported By	
Circumstances			
Was the vehicle locked? If not, give reasons			
Details of stolen accessories and extras (please attach invoices)			
Are these separately insured			
Anti-Theft / Vehicle recovery device details	Make		
	Fitted By		
	Date		
	Please attach proof		
Details of window markings	Number		Applied by whom
Details of scratches, dents and defects			
Details of other features which would assist identification			

I / We declare the foregoing particulars to be true in every respect

\_\_\_\_\_  
Drivers Signature

\_\_\_\_\_  
Insured's Signature

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Date