

MOTOR THEFT CLAIM FORM

Insurer			
Policy no.		Claim no.	

INSURED			
Company name			
Initials		Surname	
Company Registration No.		Identity no.	
Vat Number		Occupation or Business	
Physical Address			
Postal Address			
Telephone Number (W)		Telephone Number (H)	
Cell Number		Email Address	

VEHICLE			
Make		Model	
Year		Registration no.	
Kilometres completed		Vehicle identification no.	
Chassis number		Engine no.	
Exterior colour		Interior colour	

FINANCE COMPANY			
Name		Branch	
Account no.		Type of agreement	
Outstanding amount			

OWNER			
Name		Surname	
Identity no.		Date reported	

THEFT			
Date		Time	
Place			

POLICE			
Police station		Reference no.	
Date reported		Reported by	
Circumstances			
Was the vehicle locked?			
If not, give reasons			
Details of stolen accessories (please attach invoices)			
Are these separately insured?			
Anti-Theft Vehicle Recovery Device (please attach proof of device)	Make		
	Fitted by		
	Date		
Details of window markings			
Details of scratches, dents and defects			
Details of other features which would assist identification			

DECLARATION

PLEASE ATTACH the vehicle keys, a copy of the registration certificate, and the last service invoice.

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

Signature of insured _____

Date _____

Capacity _____