

MOTOR THEFT CLAIM FORM

INSURED & BROKER DETAILS

Policy No _____ Name of Insurer _____
 Insured Name _____ ID No./Co. Reg. No. _____
 Occupation _____ Tel No. W _____ H _____
 E-mail address _____ Cell _____ Fax _____
 Physical address _____ Code _____

FINANCE COMPANY

Account no. _____ Name of Account holder _____
 Name of institution _____ Branch _____

REGISTERED OWNER OF VEHICLE

Name _____ ID No./Co. Reg. No. _____

VEHICLE

Manufacturer _____ Model _____ Year _____
 Kilometres completed _____ Registration No. _____
 Engine No. _____ VIN No. _____
 Date of purchase (DD/MM/YYYY) _____ Price paid R _____
 Date of last service (DD/MM/YYYY) _____

Identifying features

For example window markings or
 markings on body work _____
 Extras (Please supply proof of
 purchase) _____
 Colour: Exterior _____ Interior _____

SECURITY DETAILS

Type of security _____ Factory fitted _____ Gearlock _____ Tracking _____
 If Tracking is installed
 Make _____ Model _____ Year installed _____
 When was theft reported to tracking company (DD/MM/YYYY) _____ Time reported (hh:mm) _____
 Person spoken to _____ Reference No. _____

THEFT DETAILS

Date of theft (DD/MM/YYYY) _____ Time of theft (hh:mm) _____
 Physical address where theft
 took place _____
 Police Station _____ Case No. _____ Name of Officer _____
 Date Reported to Police (DD/MM/YYYY) _____ Reported By _____
 Driver's Name/Person responsible for vehicle _____ D.O.B _____
 Contact Number H _____ Cell _____ W _____

CIRCUMSTANCES OF LOSS

(Please supply a detailed description of how the loss occurred)

DECLARATION

We hereby declare all particulars provided to be true in every respect.

Signature of Insured _____

Date (DD/MM/YYYY) _____

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING RECOVERY.
KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.**