

MOTOR THEFT CLAIM FORM

INSURED and BROKER DETAILS

Policy number _____ Name of Insurer _____

Insured Name _____ ID no./Co. reg. no. _____

Occupation _____ Day tel. no. W _____ H _____

E-mail address _____ Cell _____ Fax _____

Physical address _____ Code _____

Contact person _____

FINANCE COMPANY

Account number _____ Name of account holder _____

Name of institution _____ Branch _____

Type of agreement _____ Amount R _____

Is the registration certificate attached Yes No

If financed, have you requested the registration certificate from the finance house Yes No

REGISTERED OWNER OF VEHICLE

Name _____ ID No./Co. reg. no. _____

VEHICLE

Manufacturer _____ Model _____ Year _____

Kilometres completed _____ Registration no. _____

Engine number _____ Vin/Chassis number _____

Date of purchase (DD/MMM/YYYY) _____ Price paid R _____

Date of last service (DD/MMM/YYYY) _____ Component numbers _____

In whose name the vehicle is registered _____

Identifying features

For example window markings or markings on body work _____

Details of scratches, personal hidden identification marks, other features which would assist identification _____

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/MMM/YYYY) _____ Time reported (hh:mm) _____

Person spoken to _____ Reference no. _____

Fitted by and date _____ * Attach proof of device

Date of theft (DD/MMM/YYYY)	_____	Time of theft (hh:mm)	_____
Physical address where theft took place	_____ _____		
What was stolen?	_____		
Police station	_____	Case no.	_____
		Name of officer	_____
Date reported to Police (DD/MMM/YYYY)	_____	Reported by	_____
Driver's name/Person responsible for vehicle	_____		D.O.B _____
Contact number	H _____	Cell _____	W _____
Was the vehicle locked	Yes	No	If not, give reasons _____ _____
Who is in possession of the vehicle keys?	_____		

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

[illegible]

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Insurer have been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Signature of Insured	Capacity	Date (DD/MMM/YYYY)
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**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.**