

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. _____

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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 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.