

MOTOR THEFT CLAIM FORM

(Delete sections not applicable)

Insured	
Policy No	Claim No
Broker	
Broker Name	
Claim Number	
Policy Number	

Insured			
Company Name/Surname and Initials			
Company Registration Number			
VAT Number		Identity number	
Occupation or Business			
Physical Address			
			Postal Code
Postal Address			
			Postal Code
Telephone	Business	Home	Cell

Vehicle			
Make		Model	
Year		Registration Number	
Registration		Value	
Kilometers Completed		Vehicle Identification Number (VIN)	
Chassis Number		Engine Number	
Exterior Colour		Interior Colour	

Finance company			
Name		Branch	
Account Number		Outstanding Amount	
Type of Agreement			

Owner			
Name		Identity Number	

Theft																				
Date	D	D	M	M	Y	E	A	R	Time											
Place																				
Police Station Reference Number							Date Reported	D	D	M	M	Y	E	A	R					
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 details																				
										Date	D	D	M	M	Y	E	A	R		
										Fitted by										
										Make										
Details of window markings																				
										Number										
										Applied by Whom										
										Details of scratches, dents, defects										
Details of other features which would assist identification																				
Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.																				

Payment method												
You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account and account number.												
Name of Bank						Branch						
Name of Account						Account Number						

Declaration			
I/We hereby declare the foregoing particulars to be true in every respect.	Date	Capacity	Signature of Insured
	Date	Name of last Driver	Signature

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND