

**MOTOR CYCLE THEFT CLAIM FORM**  
(Delete sections not applicable)

Company/Surname:		Initials		Title	
Policy Number		VAT Reg. No			
Telephone (H)		(W)		Cell Phone	

**ADDRESS**

Postal		Postal Code	
Residential		Postal Code	

**LOSS**

Place of loss			
Date of loss		Time of Loss	

**INSURED MOTORCYCLE**

Make		Model	
Year		Engine Number	
Chassis Number		Registration Number	
Date of Purchase		Price Paid	
Registered Owner			
Finance Company (if any)			
Type of Agreement		Account Number	

**DETAILS AND FEATURES OF MOTORCYCLE**

Describe exactly what the bike looked like	

**LAST DRIVER DETAILS**

Surname		Initials		Title	
ID No					
Address					
Contact Number					

**GENERAL QUESTIONS**

Was the motorcycle locked up?	Yes		No		
Was there a locking device in place?	Yes		No		
Was there a tracking device fitted?	Yes		No		
If Yes – please specify make of tracking device					
Was the tracking device operational at the time of theft?	Yes		NO		
Circumstances of Theft/Hijack					

**POLICE**

Police Station		Reference Number	
Date Reported		Time reported	

**PREVIOUS INSURANCE**

Name of previous Insurance Company	
Date and type of any previous claims	
Insurance Company claim Number/s	

**BANK DETAILS**

We recommend that payment be made directly to the insured's account to avoid banking delays and fraud

Method of Payment	Direct to Account	<input type="checkbox"/>	Cheque	<input type="checkbox"/>
Account details if payment is done directly to account				
Account Holder				
Account Number		Bank Branch		
Current Account	<input type="checkbox"/>	Transmission Account	<input type="checkbox"/>	Savings Account

**Declaration**

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

<hr/> <p style="text-align: center;">Signature of Driver</p>	<hr/> <p style="text-align: center;">Capacity</p>	<hr/> <p style="text-align: center;">Date</p>
<hr/> <p style="text-align: center;">Signature of Insured</p>	<hr/> <p style="text-align: center;">Capacity</p>	<hr/> <p style="text-align: center;">Date</p>

N.B. Please notify the Insurers should you become aware of any impending prosecution, inquest or defraud