

MOTOR THEFT CLAIM FORM

	POLICY NO.	
	CLAIM NO.	
BROKER		

INSURED

Company Name / Surname & initials			
Co. Registration No / . ID No			
VAT Registration No			
Business / Occupation			
Physical Address			
Postal Address			
Tel No		Cell No	

VEHICLE

Reg Number		Year	
Make		Model	
Mileage			
Engine No		Vin No	
Exterior colour		Interior colour	

FINANCE DETAILS

Name			
Branch			
Account No			
Type of Agreement			
Outstanding amount			

OWNER

Name			
ID No			

THEFT

Date of theft		Time of theft	
Place where theft occurred			
Police Station reported to			
SAPS Case No			
Date reported		Reported by	

Circumstances of theft			
Was the vehicle locked? If not, give reasons			
Details of stolen accessories (please attach invoices)			
Are these accessories insured separately?			
Anti-theft / vehicle recovery device details (please attached proof of device)			
Made		Fitted by	
Date fitted			
Details of window markings			
Number		Applied by whom	
Details of scratches, dents, defects			
Details of other features that would assist in identification			
Please attach the following: Vehicle keys Copy of the Registration Certificate Latest service invoice			
We hereby declare the following particulars to be true in every respect			
Signature of Insured _____			
Capacity _____		Date _____	