

MOTOR THEFT CLAIM FORM

INSURER		POLICY NUMBER							
INSURED	Company Name / Surname & Initials								
	Identity Number								
	Vat Number								
	Occupation / Business								
	Physical Address								
	Postal Address								
	Telephone No's	Business			Home				
VEHICLE	Make								
	Model								
	Year								
	Registration No.								
	Kilometres								
	Date Purchased & Price Paid								
	Vehicle I.D. No.								
	Chassis Number								
	Engine Number								
	Exterior Colour								
	Interior Colour								
FINANCE COMPANY	Name								
	Branch								
	Account Number								
	Agreement Type								
	Outstanding Amount								
OWNER	Surname & Initials								
	Identity Number								
THEFT	Date, Time, Place	Date Ti	me			Place			
	Police Station								
	Date Reported								
	Reported By								
	Circumstances								
	Was the vehicle locked? If not give reasons								
	Details of stolen accessories (please attach invoices) Are								
	these separately insured								

THEFT	Anti-Theft / Vehicle Recovery Device Details	Make							
		Fitted By							
		Date							
	PLEASE ATTACH PROOF OF DEVICE								
	Details of Window Markings	Number							
		Applied By							
	Details of Scratches, Dents, Defects on vehicle								
	Details of other features which would assist identification								
	PLEASE ATTACH THE VEHICLES KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE								
DECLARATION	I/We hereby declare the foregoing particulars to be true and complete in every respect.								
	Signature of Insured	-	Capacity	Date					