

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. _____
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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
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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. _____	

THEFT DETAILS

Date of theft (DD/MM/YYYY) _____	Time of theft (hh:mm) _____
Physical address where theft took place _____	
Police Station _____	Case No. _____
Date Reported to Police (DD/MM/YYYY) _____	Name of Officer _____
Driver's Name/Person responsible for vehicle _____	Reported By _____
Contact Number H _____	Cell _____
	W _____
	D.O.B _____

CIRCUMSTANCES OF LOSS

(Please supply a detailed description of how the loss occurred)

DECLARATION

We hereby declare all particulars provided 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.**