

# MOTOR THEFT CLAIM FORM



## INSURER

## INSURED

## VEHICLE

## FINANCE COMPANY

## OWNER

## THEFT

(cont)

## THEFT (cont)

Circumstances (cont)

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Was the vehicle locked

 YES NO

If NO, give reasons

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Details of Stolen Accessories (please attach invoices)

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Are these separately insured

 YES NO

Anti-Theft / Vehicle Recovery Device (PLEASE ATTACH PROOF OF DEVICE)

Make

Fitted by

Date

Window Marking No.

Applied by

Details of scratches, dents, defects on vehicle

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Details of other features which would assist identification

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PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE

## DECLARATION

We hereby declare the foregoing particular to be true in every respect

Signature of insured

Capacity

Date    d a y / m o n t h / y e a r