



MOTOR THEFT CLAIM FORM

INSURED & BROKER DETAILS

POLICY NO. **BROKER**

INSURED Name..... ID No./Company Reg. No.

Occupation Contact Numbers (H).....(W).....

E-mail address..... (Cell).....(Fax).....

Physical Address

..... Code.....

FINANCE COMPANY

Account Number

Name..... Branch.....

REGISTERED OWNER

Name..... ID No./Company Reg. No.

VEHICLE

Make.....Model Year.....

Kilometres completed Registration No.....

Date of Purchase (DD/MM/YYYY) Price Paid

Date of Last Service(DD/MM/YYYY).....

Identifying Features

e.g. window markings or markings on body work

Extras (Please supply proof of purchase).....

Colour: ExteriorInterior

SECURITY DETAILS

Type of Security FACTORY FITTED / GEARLOCK / TRACKING

If Tracking:

Make..... Model Year installed.....

When was theft reported to tracking company (DD/MM/YYYY).....Time (HH:mm).....

Person you spoke to Reference Number

THEFT DETAILS

Date of Theft (DD/MM/YYYY) Time of Theft (HH:mm).....

Physical Address where theft took place.....

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Police Station Case No.

Name of Officer

Date Reported (DD/MM/YYYY)..... Reported By.....

Drivers Name / Person responsible for vehicle.....D.O.B.....

Contact Numbers (H) (Cell) (W)

CIRCUMSTANCES OF LOSS (please supply a detailed description of how the loss occurred)
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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/INSURED ONLY.
