



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
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.	_____
Name of Officer	_____		
Date Reported to Police (DD/MM/YYYY)	_____	Reported By	_____
Driver's Name/Person responsible for vehicle	_____	D.O.B	_____
Contact Number	H _____	Cell	_____
		W	_____



INSURANCE BROKERS

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.