

MOTOR THEFT CLAIM FORM **INSURED & BROKER DETAILS** Name of Insurer Policy No Insured Name ID No./Co. Reg. No. Occupation Tel No. W Н E-mail address Cell Fax Physical address Code **FINANCE COMPANY** Account no. Name of Account holder Name of institution Branch **REGISTERED OWNER OF VEHICLE** ID No./Co. Reg. No. Name **VEHICLE** Manufacturer Model Year Registration No. Kilometres completed 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 Name of Officer Police Station Case No. Date Reported to Police (DD/MM/YYYY) Reported By Driver's Name/Person responsible for vehicle D.O.B **Contact Number** Cell W



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.