

## MOTOR THEFT CLAIM FORM

<b>INSURER</b>		
<b>POLICY NUMBER</b>		
<b>Insured</b>	Company Name/Surname and initials	
	Company Reg No.	
	Identity Number	
	VAT Number	
	Occupation or Business	
	Physical Address	
	Postal Address	
	Telephone Number	Business
	Home/cell	
<b>Vehicle</b>	Make	
	Model	
	Year	
	Registration No.	
	Kilometres completed	
	Chassis Number (VIN)	
	Engine Number	
	Exterior Colour	
	Interior Colour	
<b>Owner</b>	Name	
	Identity Number	
<b>Finance Company</b>	Name	
	Branch	
	Account No.	
	Type of Agreement	
	Outstanding amount	

<b>Theft</b>	Date, time and place		
	Police Station		
	Reference number		
	Date reported		
	Reported by		
	Was the vehicle locked? If not give reasons.		
	Circumstances		
	Details of stolen accessories (Please attach invoices)		
	Anti-theft/vehicle recovery device details	Make	
Fitted by			
Date			
<b>PLEASE ATTACH PROOF OF DEVICE</b>			
Details of window markings	Number		
	Applied by whom		
Details of scratches, dents, defects			
Details of other features which would assist identification			
<b>PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE, AND THE LAST SERVICE INVOICE</b>			
<b>Payment method</b>	You may select, for added security, payment of any amount due to you directly into a bank account. If allowed by relevant Insurer. Please specify the name of the bank, branch, account holder and account number.		
	Name of Bank	<input style="width: 150px;" type="text"/>	Branch <input style="width: 150px;" type="text"/>
	Account Type	<input style="width: 150px;" type="text"/>	
	Account holder	<input style="width: 150px;" type="text"/>	Account No. <input style="width: 150px;" type="text"/>
<b>Declaration</b>	We hereby declare the foregoing particulars to be true in every respect.		
	_____	_____	_____
	Signature of Insured	Capacity	Date