

MOTOR THEFT CLAIM FORM

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

Theft	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	
PLEASE ATTACH PROOF OF DEVICE		
Details of window markings	Number	
	Applied by whom	
Details of scratches, dents, defects		
Details of other features which would assist identification		
PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE, AND THE LAST SERVICE INVOICE		
Payment method	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	Branch
	Account Type	
	Account holder	Account No.
Declaration	We hereby declare the foregoing particulars to be true in every respect.	
	_____ Signature of Insured	_____ Capacity
		_____ Date