

MOTOR THEFT CLAIM FORM

INSURER		POLICY NUMBER	
INSURED	Company name / surname & initials		
	Identity number		
	VAT number		
	Occupation / business		
	Physical address		
	Postal address		
	Telephone no's	Business	Home
VEHICLE	Make		
	Model		
	Year		
	Registrations no		
	Kilometres		
	Date purchased & price paid		
	Vehicle I.D. no		
	Chassis number		
	Engine number		
	Exterior colour		
	Interior colour		
FINANCE COMPANY	Name		
	Branch		
	Account number		
	Agreement type		
	Outstanding amount		
OWNER	Surname & initials		
	Identity number		
THEFT	Date, time, place	Date	Time
	Police station		Place
	Date reported		Police Case number
	Reported by		
	Circumstances		
	Was the vehicle locked? If not give reasons.		
Details of stolen accessories (please attach invoices). Are these separately insured?			

THEFT	Anti-theft / vehicle recovery device details	Make	
		Fitted by	
		Date	
PLEASE ATTACH PROOF OF DEVICE			
	Details of window markings	Number	
		Applied by	
	Details of scratches, dents, defects on vehicle		
	Details of other features which would assist identification		
PLEASE ATTACH THE VEHICLE KEYS, A COPY OF OF THE REGISTRATION CERTIFICATE & THE LAST SERVICE INVOICE			
DECLARATION	I / We hereby declare the foregoing particulars to be true in every respect		
	_____	_____	_____
	Signature of insured	Capacity	Date