

MOTOR THEFT CLAIM FORM

INSURED & BRO	OKER DETAILS						
Policy No			Name of	Insurer			
Insured	Name		ID No./Co	o. Reg. No.			
	Occupation			Tel No.	W	Н	
	E-mail address				Cell	Fax	
	Physical						
	address					Code	
FINANCE COMP	ANY						
Account no.		Name of Account holder					
Name of institution		Branch					
REGISTERED OV	VNER OF VEHICLE						
Name			ID No./Co.	Reg. No.			
VEHICLE							
Manufacturer			Mod	el		Year	
Kilometres completed		Registration No.					
Engine No.			VIN N	0.			
Date of purchase (DD/MM/YYYY)			Price pa	id R			
Date of last serv	rice (DD/MM/YYYY)						
Identifying featu	ıres						
For example wir	ndow markings or						
markings on boo	dy work						
Extras (Please su	upply proof of						
purchase)							
Colour: Exte		Exterior	Exterior Interior				
SECURITY DETA	ILS						
Type of security		Factory fitted	Tracking				
If Tracking is ins	talled						
Make			Model			Year installed	
When was theft reported to tracking company (DD/MM/YYYY)			(YYY)		Time	e reported (hh:mm)	
Person spoken to				Reference No.			
THEFT DETAILS							
Date of theft (DD/MM/YYYY) Time of theft (hh:mm)							
Physical address took place	where theft						
Police Station		Case No.		Name o	Name of Officer		
Date Reported t	o Police (DD/MM/YY	(YY)	Reported By				
Person responsible for vehicle							
Contact Numbe	r	Н	Cell		W	I	



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.