

MOTOR THEFT CLAIM FORM

INSURER

 Insurer

 Policy No.

INSURED

 Company Name / Surname & Initials

 Physical Address

 Code

 Postal Address

 Code

 Identity No.

 Occupation / Business

 Vat No.

 Business Tel No.

 Home Tel No.

VEHICLE

 Reg No.

 Make

 Model

 Year

 Kilometres

 Vehicle I.D. No.

 Date purchased

 Price paid

 Chassis No.

 Engine No.

 Exterior colour

 Interior colour

FINANCE COMPANY

 Name

 Branch

 Account No.

 Agreement Type

 Outstanding amount

OWNER

 Surname & Initials

 Identity No.

THEFT

 Date

 Time

 Place

 Police Station

 Date Reported

 Reported By

 Circumstances

(cont.)

THEFT (cont)

Circumstances

Was the vehicle locked?

YES

NO

If NO, please give reasons

Details of Stolen Accessories (please attach invoices)

Are these separately insured?

YES

NO

Anti-Theft / Vehicle Recovery Device (PLEASE ATTACH PROOF OF DEVICE)

Make

Fitted by

Date

Window Marking No.

Applied by

Details of scratches, dents and defects on vehicle

Details of other features which would assist in identification

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE

DECLARATION

We hereby declare the foregoing particular to be true in every aspect

Signature of Insured

Date *day / month / year*

Capacity