



# Motor Theft Claim Form

**1 Insured**

Policy number	Claim number
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**2 Broker**

Broker name
Claim number
Policy number

**3 Insured**

Company name/surname and initials	
Company registration number	
VAT number	Identity number
Occupation or business	
Physical address	
	Postal code
Postal address	
	Postal code
Telephone	Business
Home	Cell

**4 Vehicle**

Make	Model
Year	Registration number
Registration	Value
Kilometers completed	Vehicle identification no. (VIN)
Chassis number	Engine number
Exterior colour	Interior colour

**5 Finance company**

Name	Branch
Account number	Outstanding amount
Type of agreement	

**6 Owner**

Name	Identity number
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**7 Theft**

Date           Time

Place

Police station reference number  Date reported

Circumstances  
.....  
.....  
.....  
.....  
.....  
.....

Was the vehicle locked? If not give reasons  
.....  
.....

Details of stolen accessories. (Please attach invoices). Are these separately insured?  
.....  
.....  
.....

**Anti-theft/vehicle recovery device details**

Date           Make

Fitted by

**Details of window markings**

Number  Applied by whom

Details of scratches, dents, defects  
.....  
.....

Details of other features which would assist identification  
.....  
.....  
.....

Please attach proof of device

Please attach the vehicle keys, a copy of the registration certificate, and the last service invoice

**Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.**

**8 Payment method**

You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of bank  Branch

Name of account  Account No.

**9 I/We hereby declare the foregoing particulars to be true in every respect.**

Capacity  Signature of Insured

Date

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND**

