

MOTOR THEFT CLAIM FORM
INSURED & BROKER DETAILS

Policy No:			Broker:			
Insured:	Name		ID No./Co. Reg. No.			
	Occupation		Tel No.	W	H	
	E-mail Address		Cell		Fax	
	Physical Address					Code

FINANCE COMPANY

Account No.			
Name		Branch	

REGISTERED OWNER

Name		ID No./Co. Reg. No.	
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VEHICLE

Make		Model		Year	
Kilometers completed		Registration No.			
Engine No.		Chassis No.			
Date of purchase (DD/MM/YYYY)		Price Paid	R		
Date of last service (DD/MM/YYYY)					

Identifying Features

e.g. window markings or markings on body work					
Extras (Please supply proof of purchase)					
Colour:	Exterior		Interior		

SECURITY DETAILS

Type of Security	FACTORY FITTED		GEARLOCK		TRACKING	
If Tracking:						
Make		Model		Year Installed		
When was theft reported to tracking company (DD/MM/YYYY)				Time (HH:mm)		
Person you spoke to			Reference No.			

THEFT DETAILS

Date of Theft (DD/MM/YYYY)		Time of Theft (HH:mm)	
Physical Address where theft took place			
Police Station		Case No.	
Name of Officer			

Date Reported (DD/MM/YYYY)		Reported By	
Driver's Name/Person responsible for vehicle		D.O.B.	
Contact Numbers	H	Cell	W
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.			