

MOTOR THEFT CLAIM FORM

Insured	Claim number			
	Policy number			
Broker	Broker name		Claim number	
	Policy number			
Insured	Company name/surname and initials			
	Company registration number			
	Identity number			
	VAT number			
	Occupation or business			
	Physical address			
	Postal address			
	Telephone numbers	Business		Cell
Home				
Vehicle	Make			
	Model			
	Year			
	Registration number			
	Kilometres completed			
	Vehicle identification No. (Vin)			
	Chassis number			
	Engine number			
	Exterior colour			
Interior colour				
Finance company	Name			
	Branch			
	Account number			
	Type of agreement			
	Outstanding amount			

Owner	Name		
	Identity Number		
Theft	Date Time Place		
	Police station		
	reference number		
	Date reported		
	Reported by		
	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		Make	
		Fitted by	
		Date	
PLEASE ATTACH PROOF OF DEVICE			
Details of window markings		Number	
		Applied by whom	
Details of scratches, dents, defects			
Details of other features which would assist identification			
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.			
Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.		
	Name of Bank	<input type="text"/>	Branch name <input type="text"/>
	Name of Account Holder	<input type="text"/>	Branch Code: <input type="text"/>
	Type of Account	<input type="text"/>	Account No. <input type="text"/>
I/We hereby declare the foregoing particulars to be true in every respect.			
_____ Signature of Insured		_____ Capacity	_____ Date