

MOTOR THEFT CLAIM FORM



Broker/Insurer Name		Policy No.				Claim No.							
Insured	Enter Full name of Insured Below												
	Company name or Surname and Initials												
	Company registration number												
	VAT number												
	Identity number												
	Occupation or business												
	Physical address												
	Postal address												
	Telephone numbers	Business					Cell						
		Home					Fax						
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	Details	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"/>	

Declaration	I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my/our possession immediately prior or during the said loss/damage which occurred in the circumstances described above. I confirm that all the questions were completed honestly and fully by me/us. I understand that the accuracy and effectiveness of this Claim Form is dependent on the quality and accuracy of the information I provide.		
	_____ Signature of Insured	_____ Capacity	_____ Date