

**CLAIM NUMBER:** *To be completed by broker*

## MOTOR THEFT CLAIM FORM

**POLICY NUMBER:** \_\_\_\_\_

**INSURANCE BROKER:** \_\_\_\_\_

### Insured

Company name or surname and initials (*Enter the Full name of the Insured Below*):

\_\_\_\_\_

Company registration number: \_\_\_\_\_

Identity number: \_\_\_\_\_

Occupation or business: \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

Telephone numbers:

Business: \_\_\_\_\_ Cell: \_\_\_\_\_

Home: \_\_\_\_\_ Fax: \_\_\_\_\_

### Vehicle

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Exterior colour: \_\_\_\_\_

Kilometres completed: \_\_\_\_\_ Interior colour: \_\_\_\_\_

Vehicle identification no. (VIN): \_\_\_\_\_

Chassis number: \_\_\_\_\_ Engine number: \_\_\_\_\_

### 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:    Yes |    No

\_\_\_\_\_

Details of stolen accessories *(Please attach invoices if any)*.

\_\_\_\_\_

Are these separately insured?    Yes |    No

Anti-theft/vehicle recovery device details *(Please attach proof of the device/s)*:

Make: \_\_\_\_\_

Fitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Details of window markings

Number: \_\_\_\_\_ Applied by whom: \_\_\_\_\_

Details of scratches, dents, defects:

\_\_\_\_\_

Details of other features which would assist identification:

\_\_\_\_\_

**Please supply the vehicle keys, a copy of the registration certificate, and the last service invoice.  
(Original and spare keys need to be handed in with claim form)**

**Insurers share information with each other regarding domestic policies and claims 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**

For added security, you may select 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: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Name of Account Holder: \_\_\_\_\_ Branch Code: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Account No.: \_\_\_\_\_

**Declaration**

I solemnly declare that I have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my 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. I understand that the accuracy and effectiveness of this Claim Form is dependent on the quality and accuracy of the information I provide.

Insured's Signature: \_\_\_\_\_ Capacity: \_\_\_\_\_ Date: \_\_\_\_\_