

MOTOR THEFT CLAIM FORM



INSURER _____
POLICY NO _____

INSURED Surname & Initials _____
Identity Number _____
Occupation _____
Address _____
Contact Number _____

FINANCE COMPANY
Name _____
Branch _____
Account Number _____

VEHICLE Make _____ Tare _____
Gross Veh. Mass _____ Kilometers completed _____
Registration _____ Value _____
Model & Year _____ Date of Purchased _____
Price Paid _____ Date of Last Service _____
Engine Number _____ Chassis Number _____
Colour: Exterior _____ Interior _____

REGISTERED OWNER
Name _____
Identity Number _____

THEFT DETAILS
Date and Time of Theft _____
Place of Theft _____
Police Station & Reference No. _____
Date Reported _____
Reported By _____

Circumstances	_____

Was alarm activated? If not, give reasons _____

Was the vehicle locked? If not, give reasons _____

ANTI-THEFT VEHICLE RECOVERY DEVICE DETAILS

Make _____
Fitted By _____
Date _____

PLEASE ATTACH PROOF OF DEVICE

Details of window markings _____
Details of scratches, dents, defects, etc _____

BANK DETAILS

Bank _____
Branch No / Code _____
Account Number _____
Account Type _____
Account Holder _____

DECLARATION

We hereby declare the foregoing particulars to be true in every respect.

Signature of Driver _____ Date _____

Signature of Insured _____ Capacity _____ Date _____
