

MOTOR THEFT CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Agent Name	<input type="text"/>	Agent Reference	<input type="text"/>
Policy Number	<input type="text"/>		

PARTICULARS OF OWNER (PRIVATE)

Private Vehicle Only:

Owner Name	<input type="text"/>		
Identity No.	<input type="text"/>		
Physical Address	<input type="text"/>	Postal Address	<input type="text"/>
Telephone No:	Home <input type="text"/>	Business	<input type="text"/>
	Cell Number <input type="text"/>	Fax Number	<input type="text"/>

PARTICULARS OF OWNER (BUSINESS)

Business Vehicle Only:

Company Name	<input type="text"/>		
Business Type	<input type="text"/>		
Company Reg.No.	<input type="text"/>	VAT Reg.No.	<input type="text"/>
Physical Address	<input type="text"/>	Postal Address	<input type="text"/>
Telephone Numbers of contact person:	Home <input type="text"/>	Business	<input type="text"/>
	Cell Number <input type="text"/>	Fax Number	<input type="text"/>

PARTICULARS OF VEHICLE

Attach a copy of the Registration Certificate of the Vehicle

Make	<input type="text"/>	Year	<input type="text"/>
Model	<input type="text"/>		
Registration No	<input type="text"/>	Vehicle Identification No	<input type="text"/>
Chassis No	<input type="text"/>	Engine No	<input type="text"/>
Kilometres Completed	<input type="text"/>		
Exterior Colour	<input type="text"/>	Interior Colour	<input type="text"/>

FINANCE COMPANY

Company Name & Branch	<input type="text"/>
Branch	<input type="text"/>
Account Number	<input type="text"/>
Type of Agreement	<input type="text"/>
Outstanding Amount	<input type="text"/>

THEFT DETAIL

Date of Theft Time of Theft Place

Police Station Reported to Police Reference No.

Date Reported Reported by

Circumstances of Theft

Was the vehicle locked?

If No, give reasons

Details of stolen Accessories (Invoices to be attached)

Are these separately insured?

Detail of Window Markings

Details of scratches, dents, defects

Details of other features which would assist in identification

ANTI THEFT / VEHICLE RECOVERY DEVICE DETAILS

Make Please attach proof of device

Fitted By Date fitted

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICING INVOICE.

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

SIGNATURE OF CLAIMANT CAPACITY DATE

This form should be completed fully without delay and forwarded to the Company at one of the above addresses or your broker / agent. The issue of this form does not imply an admission of liability.