

MOTOR THEFT CLAIM FORM

INSURED	Surname & initials			
	Address			
	Identity number			
	Company name			
	VAT number			
	Occupation/Business			
	Physical address			
	Postal address			
	Telephone numbers	Business	Home/cell.	Email
FINANCE COMPANY	Name			
	Branch			
	Account number			
	Type of agreement			
VEHICLE	Make			
	Model			
	Year			
	Registration number			
	Kilometres travelled		Date of last Service	
	Vin number			
	Chassis number			
	Engine number			
	Exterior colour			
	Interior colour			
	Registered owner			

THEFT	Name of Driver prior to Theft		Age
	Relationship to insured - If Applicable		
	Date & time of theft		
	Place of theft		
	Police station & reference		
	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 dents, scratches defects		
	Stickers/Sign Writing?		
	PLEASE ATTACH BOTH SETS OF THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE.		
DECLARATION	I/we hereby declare that foregoing to be true in every respect		
	Signature of Insured _____	Date _____	
	Print Name _____	Capacity _____	ID No. _____
	Signature of Driver _____	Date _____	
	Print Name _____	ID No. _____	

“FRAUDULENT CLAIMS WILL BE PROSECUTED”