



P.O. BOX 1325
 SCOTTBURGH
 4180
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MOTOR THEFT CLAIM FORM

Insured	Claim number			
	Policy number			
Broker / Agent	Name			
	Claim number			
Insured	Company name / surname and initials			
	Company registration number			
	Identity number			
	VAT number			
	Occupation or business			
	Physical address			
	Postal address			
	Telephone number	Business	Home	Cellular
Vehicle	Make			
	Model			
	Year			
	Registration number			
	Kilometers completed			
	Vehicle identification no.			
	Chassis number			
	Engine number			
	Exterior colour			
	Interior colour			
Finance Company	Name			
	Branch			
	Account number			
	Type of agreement			
	Outstanding amount			

OWNER	NAME			
	IDENTITY NUMBER			

THEFT	DATE TIME PLACE			
	POLICE STATION REFERENCE NUMBER			
	DATE REPORTED			
	REPORTED BY			
	CIRCUMSTANCES			
	WAS THE VEHICLE LOCKED? IF NOT, GIVE REASONS			
	DETAILS OF STOLEN ACCESSORIE (PLEASE ATTATCH INVOICES). ARE THESE SEPERATELY INSURED			
	ANTI-THEFT/VEHICLE RECOVERY DEVICE DETAILS	MAKE		
FITTED BY				
DATE				
PLEASE ATTATCH PROOF OF DEVICE				
DETAILS OF WINDOW MARKINGS				
DETAIL OF SCRATCHES, DENTS, DEFECTS				
DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION				
PLEASE ATTATCH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE, AND LASTSERVICE INVOICE.				
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		Branch	
	Name of Account		Account Number	
I/we herby declare the foregoing particulars to be true in every respect.				
_____		_____		
Signature of insured		Capacity		

		Date		