



**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			

NER	NAME	
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OW	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				
<b>PLEASE ATTATCH PROOF OF DEVICE</b>				
DETAILS OF WINDOW MARKINGS				
DETAIL OF SCRATCHES, DENTS, DEFECTS				
DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION				
<b>PLEASE ATTATCH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE, AND LASTSERVICE INVOICE.</b>				
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	<input style="width:100%;" type="text"/>	Branch	<input style="width:100%;" type="text"/>
	Name of Account	<input style="width:100%;" type="text"/>	Account Number	<input style="width:100%;" type="text"/>
I/we herby declare the foregoing particulars to be true in every respect.				
_____		_____		
Signature of insured		Capacity		
		_____		
		Date		