

**Motor Theft Claim Form**

INSURED	Policy number		Name	
	Identity number		Occupation	
	Contact number		VAT registration number	
	Physical address			

VEHICLE DETAILS	Make		Model	
	Year		Registration	
	VIN number		Engine number	
	Mileage		Exterior colour	
	Finance company		Account number	
	Outstanding amount		Name of owner	
	ID number			

THEFT DETAILS	Date and time		Place of incident			
	Reported to police?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Police station		
	Name of officer			Case number		
	Contact number			Reported by		
	Circumstances of incident (if vehicle was not locked state reasons why):					
	Details of stolen accessories (please attach invoices):					
	Items separately insured?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Anti-theft / tracking device?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Make			Fitted by		
	Date			Please attach proof of device		
	Details of features which could assist with identification:					

LICENSE	I have inspected the driver's license and it is free of endorsements / endorsed as shown.	Signature: _____
	Please attach copies of driver's license and page 1 of driver's identity document.	Capacity: _____

DECLARATION	We hereby declare the following particulars to be true in every respect.	
	Signature of driver: _____	Date: _____
	Signature of insured: _____ Capacity: _____	Date: _____
	It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand.	
Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accident fund without delay.		