

Motor Theft Claim Form

Insured details

Policy No:

Full name:

Occupation:

Address:

Contact number: ID number:

Vehicle

Make:

Model:

Year:

Registration:

VIN number:

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 and place:

Police station:

Case number:

Date reported:

Reported by:

Circumstances:
(was the vehicle
locked? If not give
reasons)

Details of stolen accessories.(Please attached invoices):

Are these separately insured?

Yes: No:

Anti-theft / vehicle recovery device details

Make:

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Fitted by:

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Date:

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Please attach proof of device.

Details of features which could assist with identification:

Please attach vehicle keys, copy of the registration certificate and last service invoice.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

License inspected

I have inspected the driver's license and it is free of endorsements / endorsed as shown.

Signature

Date

Capacity

Declaration

I / We hereby declare the foregoing particulars to be true in every respect.

Signature of driver

Date

Capacity

Signature of insured

Date

Capacity