

MOTOR THEFT CLAIM FORM

INSURER	Name		
	Claim Number		
	Policy Number		
AGENT	Name		
	Claim Number		
INSURED	Surname and Initials/ Company Name		
	Company, Registration Number		
	Identity Number		
	VAT Number		
	Occupation or Business		
	Physical Address		
	Postal Address		
	Telephone Numbers		Business
			Home
VEHICLE	Make		
	Model		
	Year of Registration		
	VIN		
	Engine Number		
	Exterior Colour		
	Interior Colour		
FINANCE CO.	Name		
	Branch		
	Account Number		
	Type of Agreement		
	Outstanding Amount		
OWNER	Name		
	Identity Number		
INCIDENT	Date		
	Time		
	Place		
	Police Station Reported		
	Police Case Number		
	Date Reported		
	Reported By		
	Circumstances		

THEFT

Was the vehicle locked? If not, give reasons		
Details of stolen accessories (please attach invoices)		
Are these separately insured?		
Anti-Theft/Vehicle Recovery device details	Make	
	Fitted by	
	Date	
	Please attach proof of device	
Details of window markings	Number	
	Applied by whom	
Details of scratches, dents, defects		
Details of other features which would assist identification		
Please attach the vehicle keys, a copy of the registration certificate and the last service invoice		

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

Signature of Insured

Capacity

Date

