MOTOR THEFT CLAIM FORM

Insurer:	Policy No.:

Insured

Company Name / Surname & Initials:

Physical Address:	Postal Address:
Code:	Code:
Identity No.:	Occupation / Business:

Vat No.:	Business Tel No.:	Home Tel No.:

Vehicle

Reg No.:	Make:	Model:
Year:	Kilometres:	Vehicle I.D. No.:
Date purchased:	Price paid:	Chassis No.:
Engine No.:	Exterior colour:	Interior colour:

Finance Company

Name:	Branch:
Account No.:	Agreement Type:

Outstanding amount:

Owner

Surname & Initials:

Identity No.:

Theft

Date:	Time:	Place:

Police Station:	Police Case Number:
Date Reported:	Reported By:

Circumstances:

Theft (Continued)

Circumstances:

Was the vehicle locked? Yes ☐ No ☐

If NO, please give reasons:

Details of Stolen Accessories (please attach invoices):

Are these separately insured? Yes ☐ No ☐

Anti-Theft / Vehicle Recovery Device (PLEASE ATTACH PROOF OF DEVICE)

Make:	Fitted by:	Date:
Window Marking No.:	Applied by:	

Details of scratches, dents and defects on vehicle:

Details of other features which would assist in identification:

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE

Declaration

We hereby declare the foregoing particular to be true in every aspect.

Signature of Insured:	Date: day/month/year

Capacity: