

## MOTOR THEFT CLAIM FORM

INSURED & BRC	OKER DETAILS						
Policy No			Name of	Insurer			
Insured	Name		ID No./Co. R	leg. No.			
	Occupation			Tel No.	W	Н	
	E-mail address				Cell	Fax	
	Physical						
	address					Code	
FINANCE COMP	ANY						
Account no.		Name of Account holder					
Name of institution		Branch					
REGISTERED OV	VNER OF VEHICLE						
Name		ID No./Co. Reg. No.					
VEHICLE							
Manufacturer		Model				Year	
Kilometres com	pleted	Registration No.					
Engine No.	-	VIN No.					
Date of purchase (DD/MM/YYYY)		Price paid R					
Date of last service (DD/MM/YYYY)							
Identifying featu	ures						
For example wir	ndow markings or						
markings on boo	dy work						
Extras (Please supply proof of							
purchase)							
Colour:		Exterior		Inte	rior		
SECURITY DETA	ILS						
Type of security	,	Factory fitted	Gearlock Tracking	g			
If Tracking is ins	talled						
Make			Model			Year installed	
When was theft reported to tracking company (DD/MM/YYYY)			YYYY)		Time reported (hh:mm)		
Person spoken to					Reference No.		
THEFT DETAILS							
Date of theft (DD/MM/YYYY) Time c			Time of theft (hh:mm)				
Physical address took place	s where theft						
Police Station		Case No.		Name c	of Officer		
Date Reported to Police (DD/MM/YYY)							
Driver's Name/Person responsible for				-	-	D.O.B	
Contact Numbe		н ———	Cell		V	V	



## CIRCUMSTANCES OF LOSS

(Please supply a detailed description of how the loss occurred)

DECLARATION						
We hereby declare all particulars provided to be true in every respect.						

Signature of Insured

Date (DD/MM/YYYY)

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING RECOVERY. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.