

## MOTOR THEFT CLAIM FORM

### INSURED & BROKER DETAILS

Policy No \_\_\_\_\_ Name of Insurer \_\_\_\_\_  
 Insured Name \_\_\_\_\_ ID No./Co. Reg. No. \_\_\_\_\_  
 Occupation \_\_\_\_\_ Tel No. W \_\_\_\_\_ H \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 Physical address \_\_\_\_\_ Code \_\_\_\_\_

### FINANCE COMPANY

Account no. \_\_\_\_\_ Name of Account holder \_\_\_\_\_  
 Name of institution \_\_\_\_\_ Branch \_\_\_\_\_

### REGISTERED OWNER OF VEHICLE

Name \_\_\_\_\_ ID No./Co. Reg. No. \_\_\_\_\_

### VEHICLE

Manufacturer \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
 Kilometres completed \_\_\_\_\_ Registration No. \_\_\_\_\_  
 Engine No. \_\_\_\_\_ VIN No. \_\_\_\_\_  
 Date of purchase (DD/MM/YYYY) \_\_\_\_\_ Price paid R \_\_\_\_\_  
 Date of last service (DD/MM/YYYY) \_\_\_\_\_

### Identifying features

For example window markings or  
 markings on body work \_\_\_\_\_  
 Extras (Please supply proof of  
 purchase) \_\_\_\_\_  
 Colour: Exterior \_\_\_\_\_ Interior \_\_\_\_\_

### SECURITY DETAILS

Type of security \_\_\_\_\_ Factory fitted \_\_\_\_\_ Gearlock \_\_\_\_\_ Tracking \_\_\_\_\_  
 If Tracking is installed  
 Make \_\_\_\_\_ Model \_\_\_\_\_ Year installed \_\_\_\_\_  
 When was theft reported to tracking company (DD/MM/YYYY) \_\_\_\_\_ Time reported (hh:mm) \_\_\_\_\_  
 Person spoken to \_\_\_\_\_ Reference No. \_\_\_\_\_

### THEFT DETAILS

Date of theft (DD/MM/YYYY) \_\_\_\_\_ Time of theft (hh:mm) \_\_\_\_\_  
 Physical address where theft  
 took place \_\_\_\_\_  
 Police Station \_\_\_\_\_ Case No. \_\_\_\_\_ Name of Officer \_\_\_\_\_  
 Date Reported to Police (DD/MM/YYYY) \_\_\_\_\_ Reported By \_\_\_\_\_  
 Driver's Name/Person responsible for vehicle \_\_\_\_\_ D.O.B \_\_\_\_\_  
 Contact Number H \_\_\_\_\_ Cell \_\_\_\_\_ W \_\_\_\_\_

**CIRCUMSTANCES OF LOSS**

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

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**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.**