

# MOTOR THEFT CLAIM FORM



Insurer:	Policy No.:
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## Insured

Company Name / Surname & Initials:

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

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

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Was the vehicle locked? Yes  No

If NO, please give reasons:

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Details of Stolen Accessories (please attach invoices):

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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:

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Details of other features which would assist in identification:

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**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
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Capacity:

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