



CLAIM FORM: MOTOR THEFT

QUESTIONS	ANSWERS			
Insured	Policy Number			
	Name of Insured			
	Identity Number			
	Occupation of Insured			
	Address			
	Tel. No.			
Vehicle	Make			
	Model			
	Year			
	Registration			
	Kilometers completed			
	Date of Purchase and price paid			
	Anti-theft device make			
	Anti-theft device fitted by and date			
	Window markings number			
	Window markings applied by whom			
	Finance company and branch			
	Type of agreement			
	Account number			
Amount				
In whose name is vehicle registered? (please attach a copy of registration certificate)				
Theft Details	Date & time of theft			
	Place of theft			
	What was stolen? tick relevant box	<input type="checkbox"/> Vehicle & Accessories <input type="checkbox"/> Accessories Only <input type="checkbox"/> Vehicle, Access & Other <input type="checkbox"/> Other		
	Details of stolen accessories (please attach invoices)			
	Police station and reference number			
	Circumstance of theft			
Was vehicle locked?				

QUESTIONS

ANSWERS

Vehicle Identification

Chassis Number

Engine Number

Component Numbers

Exterior colour

Interior colour

Details of scratches / dents / defects

Details of personal / hidden identification marks

Details of other features which would assist identification

Who is in possession of Vehicle Keys?

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Authority of payment INSURED'S BANKING DETAILS

It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information

Name of Bank

Account No.

Account Type

Branch & Code No.

Name of account Holder

Declaration

Signature

I / We hereby declare that the above and foregoing particulars to be true in every aspect

Capacity: _____

Date: _____