



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 _____

