

MOTOR THEFT CLAIM FORM						
INSURED & BRO	OKER DETAILS					
Policy No				Name of Insurer		
Insured	Name			D No./Co. Reg. No.	-	
	Occupation ——			Tel No.	W	Н
	E-mail address				Cell	Fax
	Physical					<del></del> -
	address					Code
FINANCE COMP	PANY					
Account no.		Name of Account holder				
Name of institution		Branch				
DECISTEDED ON	WNER OF VEHICLE					
Name	VIVER OF VEHICLE	ID No./Co. Reg. No.				
				110.7 001 1105. 1101		
VEHICLE				N. a. al. al.		W
Manufacturer  Kilometres completed		Model				Year
Kilometres completed			Kegis	tration No.		
Engine No.  Date of purchase (DD/MM/YYYY)		VIN No.				
				Price paid R		_
Date of last serv	vice (DD/MM/YYYY)					
Identifying feat	ures					
For example window markings or						
markings on body work						
Extras (Please supply proof of						
purchase)						
Colour:		Exterior Interior		erior		
SECURITY DETA	ILS					
Type of security	•	Factory fitted	Gearlock (	Tracking (		
If Tracking is ins	talled					
Make			Mod	el		Year installed
When was theft reported to tracking company (DD/MM/			M/YYYY)		Time re	eported (hh:mm)
Person spoken t					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 o			of Officer	
Date Reported to Police (DD/MM/YYY		YY) Reported By				
Driver's Name/Person responsible for		vehicle				D.O.B
Contact Number		Н —	Cel		W	



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.