

Motor Theft Claim Form

Insured Details	
Claim Number	
Policy Number	
Company Name/ Name & Surname	
Identity Number	
Occupation/ Business	
Physical Address	
Postal Address	
Telephone Numbers	Bus
	Home
	Mobile
Vehicle Details	
Make	
Model	
Year	
Registration Number	
Kilometres Completed	
Vehicle identification Number	
Chassis Number	
Engine Number	
Exterior Colour	
Interior Colour	
Finance Company	
Name	
Branch	
Account Number	
Outstanding Amount	
Theft Details	
Date of theft	
Time of theft	
Place of Theft	
Police Station reported	
Reference Number	
Date Reported	
Reported by	

Was the vehicle locked? If not, give reasons.	
Details of stolen accessories (Please Attach Invoices) Are these separately insured?	
Anti-theft Device / Vehicle Recovery Device Details	Make Fitted by Date installed Please attach proof of device
Details of Window Markings	Number Applied by whom
Details of scratches, dents, defects	
Details of other features which would assist identification	
Please attach the vehicle keys, a copy of the registration certificate, and the last service invoice.	

I/We hereby declare the foregoing particulars to be true in every respect. In terms of the policy I/We agree to render all assistance requested by the Insurer in the identification and physical recovery of such vehicle should the vehicle be located.

Signature of Insured _____

Date _____