



FAIS No.: 5012 Reg. No. 2000/01333345/07

Motor Theft Claim Form

INSURED & BROKER DETAILS

Policy No.: **Broker:**

Insured: Name ID No. / Co. Reg. No.

Occupation Tel No. (W) (H)

E-mail Address (Cell) (Fax)

Physical Address Code.....

FINANCE COMPANY

Account Number

Name Branch

REGISTERED OWNER

Name ID No./Company Reg. No.

VEHICLE

Make Model Year

Kilometers completed Registration No.

Date of Purchase (DD/MM/YYYY) Price Paid

Date of Last Service (DD/MM/YYYY)

Identifying Features

e.g. window markings or markings on body work

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Extras (Please supply proof of purchase)

Colour: Exterior Interior

SECURITY DETAILS

Type of Security FACTORY FITTED / GEARLOCK / TRACKING

If Tracking:

Make Model Year installed

When was theft reported to tracking company (DD/MM/YYYY) Time (HH:mm)

Person you spoke to Reference Number

THEFT DETAILS

Date of Theft (DD/MM/YYYY) Time of Theft (HH:mm)

Physical Address where theft took place

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Police Station Case No.

Name of Officer

Date Reported (DD/MM/YYYY) Reported By

Drivers Name / Person responsible for vehicle D.O.B.

Contact Numbers (H) (Cell) (W)

CIRCUMSTANCES OF LOSS

(please supply a detailed description of how the loss occurred)

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DECLARATION

We hereby declare all particulars to be true in every respect

Signature of Insured Date (DD/MM/YYYY)

Signature of Driver (if not Insured) Date (DD/MM/YYYY)

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT / POLICY HOLDER / DRIVER ONLY.