



Unit 16, First Floor, Block D
Lifestyle Riverfront Office Park
16 Bosbok Road
Randpark Ridge

PO Box 3375
Randburg
2125



Tel: 011 791 6602

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Authorized Financial Services Provider Number: 4467

MOTOR THEFT CLAIM FORM

INSURER	Name													
	Claim Number													
	Policy Number													
AGENT	Name													
	Claim Number													
INSURED	Surname & Initials													
	Identity Number													
	Company Name													
	Company Registration No													
	VAT Number													
	Occupation or Business													
	Physical Address													
	Postal Address													
	Telephone Numbers	Business					Home							
FINANCE COMPANY	Name													
	Branch													
	Account Number													
	Type of Agreement													
VEHICLE	Make													
	Model													
	Year													
	Registration Number													
	Kilometers Completed							Date of Last Service						
	Vehicle Identification No													
	Chassis Number													
	Engine Number													
	Exterior Colour													
Interior Colour														

The issue of this form is not an admission of Liability

REGISTERED OWNER	Name															
	Identity Number															
THEFT	Date and time of theft															
	Place of theft															
	Police Station															
	Date Reported															
	Reported by															
	Circumstances															
Was alarm activated? If not, give reasons																
Was the vehicle locked? If not, give reasons																
ANTI-THEFT VEHICLE RECOVERY DEVICE DETAILS	Make															
	Fitted by															
	Date															
	PLEASE ATTACH PROOF OF DEVICE															
	Details of window markings															
	Detail of scratches, dents, defects															
	Details of other features, which assist with identification															
	PLEASE ATTACH BOTH SETS OF THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATION AND THE LAST SERVICE INVOICE															
DECLARATION	I/We warrant the truth of the answers to the above questions															
	Signature of Driver										Date					
	Signature of Insured				Capacity				Date							

