

Motor Theft Claim Form

INSURER	
POLICY NUMBER	
INSURED	
Company/Insured's Name	
Business/Occupation	
Address and Contact details: i.e. Tel, Cell and Email Address	
Company Registration/ CK Number and VAT Number	
Insured's I.D. Number	
VEHICLE DETAILS	
Make	
Model	
Year	
Registration No	
Value	
Date Purchased	
KMS Completed	
Vehicle Register No	
Chassis/VIN No	

Engine No	
Exterior Colour	
Interior Colour	
Window Markings	
Anti Theft Devices	Make
	Fitted By
OWNER OF VEHICLE	
Name of Registered Owner	
I.D. Number	
Finance Company	Name
	Branch & Account Number

LOSS	
Date, time and place of theft	Date
	Time
	Place
If accessories stolen, please specify and provide us with invoices and replacement quotes	

Police Station and reference	Station Reported to
	Date Reported
	SAPS Reference No
Circumstances of Theft (Stolen/Hijacked)	
Was the vehicle locked?	
Who was in possession of the keys?	
Details of other features which would assist with identification?	
DECLARATION	
I/we declare that to the best of my/our knowledge the above statements are truly made.	
Signature of Insured: _____	
Capacity: _____	
Date: _____	
Signature of Driver: _____	
Capacity: _____	
Date: _____	