

## MOTOR THEFT CLAIM

INSURED and B	ROKER DETAILS							
Policy number		Name of Insurer						
Insured	Name		ID no./Co. reg. no.					
	Occupation		Daytime tel. no. W		Н			
	Email address		Cel	II	Fax			
	Physical							
	address				Code			
Contact person								
FINANCE COMP	PANY							
Account numbe	r		Name of account holder					
Name of institution								
Type of agreem								
Is the registratio	n certificate attached				YES	NO		
If financed, have you requested the registration certificate from the			nance house		YES	NO		
REGISTERED OWNER OF VEHICLE								
Name			ID no./Co. reg. no.					
VEHICLE								
Manufacturer		Model			Year			
Kilometres completed		Registration number						
Engine number		Vin/Chassis number						
Date of purchase (DD/MM/YYYY)			Price paid	R				
Date of last service (DD/MM/YYYY)			Component numbers					
In whose name the vehicle is registered								
Identifying feat	ures							
For example wir	ndow markings or							
markings on boo	dy work							
Details of scratches, personal								
hidden identification	ation marks, vhich would assist							
identification	vineri wodia assist							
Extras (Please su	upply proof of							
purchase)								
Colour:		Exterior	Interior					



SECURITY DETAILS								
Type of security	Factory-fitted	Gearlock	Tracking					
If tracking is installed								
Make		Model		Year installed				
When was theft reported to tracking company (DD/MM/YYYY) Time reported (hh:mm)								
Person spoken to			Refe	rence no.				
Fitted by and date			* Atta	ch proof of device				
THEFT DETAILS								
Date of theft (DD/MM/YYYY)		Time of theft (h	nh:mm)					
Physical address where theft took place								
What was stolen								
Date reported to Police (DD/MM/YY	YY)		Reported by					
Driver's name/Person responsible for	vehicle							
Date of birth								
Contact number	Н	Cell		_ W				
Was the vehicle locked YES	NO If no	ot, give reasons						
Who is in possession of the vehicle ke	eys							
CIRCUMSTANCES OF LOSS  (Please supply a detailed description of how the loss occurred)								



## **DECLARATION**

Signature of Insured

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that we have been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal

## PROTECTION OF PERSONAL INFORMATION

information you provide us with by completing this d	locument. We will treat this informati	on with caution and we have put reasonable
security measures in place to protect it.		

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.

Capacity

Date (DD/MM/YYYY)