

MOTOR THEFT CLAIM FORM

Insurer	
Broker	
Policy No.	
Claim No.	

Insurance Details

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Numbers	Work	Cell	

Registered Owner of Vehicle

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Numbers	Work	Cell	

Last Drivers Details

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Numbers	Work	Cell	

Vehicle Information

Date Purchased	
From Whom Purchased	
New or Second Hand	
Make	
Model	
Year of Manufacture	
Registration No.	
Chassis No. (VIN)	
Engine No.	
Exterior Colour	
Interior Colour	
Kilos Completed	
Non-Standard Accessories with which vehicle was equipped	
Scratches, Dents, Defects and Hidden Identification Marks	

Anti-Theft Devices

Type				Make	Certificate?		
Immobilizer	Yes		No		Yes		No
Gearlock	Yes		No		Yes		No
Satellite-Tracking	Yes		No		Yes		No
Other	Yes		No		Yes		No

Financing Details

Is Vehicle Currently Subject to:	Instalment-Sale Agreement	Yes		No	
	Lease Agreement	Yes		No	
	And if so	Any other type of agreement	Yes		No
Name of Finance Company & Telephone No.					
Date Agreement entered into					
Account Number					
Amount Outstanding					

Circumstances of Loss

Theft	Date vehicle was parked				
	Time Parked				
	Place Parked				
	Was Vehicle Locked?	Yes		No	
	Where did driver go after parking vehicle?				
	Date theft was discovered				
	Time theft was discovered				

Hijacking	Date vehicle hijacked				
	Time hijacked				
	Place hijacked (exact location)				
	How many hijackers and how armed				
	Driver or passengers held hostage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, where were they released?				
Names and Telephone Numbers of any passengers or witnesses.					
Who is in possession of vehicle's keys (or spare keys if hijacked)?					

Report To Police

Police Station			
Telephone Number			
Reference Number			
Date		Time	

Banking Details

Quote		Bank		Branch code	
Branch Name and Town:					
Account Number:					
Type of Account (Please tick the applicable box)	Current (Cheque) (Cancelled cheque required)		Transmission	Savings	
Please Indicate Name Of Account Holder					

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated ____ / ____ / 200__.

Signed at _____ on this _____ day of _____ in _____ 20

Name: _____ Witnessed By: _____

Capacity: _____

Signature: _____ Tel: _____