



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 no.			
Name		Branch	

REGISTERED OWNER

Name		ID No./Co. Reg. No.	
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VEHICLE

Make		Model		Year	
Kilometres completed			Registration No.		
Engine no.			Chassis No.		
Date of purchase (DD/MM/YYYY)			Price Paid	R	
Date of last service (DD/MM/YYYY)					

Identifying Features

For example window markings or markings on body work			
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 spoken to		Reference no.	

THEFT DETAILS

Date of theft (DD/MM/YYYY)		Time of theft (hh:mm)	
Physical address where theft took place			
Police Station		Case No.	
Name of Officer			

