



## MOTOR VEHICLE THEFT CLAIM FORM

**PLEASE COMPLETE IN FULL, SIGN AND FAX TO: 011 462-8981**

INSURANCE COMPANY DETAILS										
Insurer					Policy No.					
INSURED'S DETAILS										
Company Name / Surname & Initials										
Identity Number					Vat Number					
Occupation / Business										
Physical Address										
Postal Address										
Work Tel No.					Home Tel No.					
VEHICLE DETAILS										
Make			Model			Year			Reg. No.	
Kilometres			Date Purchased				Price Paid			
Vehicle I.D. No.			Chassis Number				Engine Number			
Exterior Colour					Interior Colour					
FINANCE COMPANY										
Name				Branch				A/C No.		
Agreement Type							Outstanding Amount			
OWNERS DETAILS										
Surname & Initials							I.D. No.			
DETAILS OF THEFT										
Date			Time			Place of Theft				
Police Station					Date Reported					
Reported By										
Circumstances										
Was the vehicle locked? If not give reasons										
Details of stolen accessories (please attach invoices) Are these separately insured?										
VEHICLE SECURITY DETAILS										
Anti-Theft / Vehicle Recovery Device Details			Make							
Fitted By						Date				
<i>Please attach proof of device</i>										
VEHICLE SECURITY DETAILS CONTINUED ON NEXT PAGE										

**VEHICLE SECURITY DETAILS CONT.**

Details of Window Markings	Number		Applied By	
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Details of Scratches, Dents, Defects on vehicle	
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Details of other features which would assist identification	
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PLEASE ATTACH THE VEHICLES KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE

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**DECLARATION**

I/We hereby declare the foregoing particulars to be true in every respect.

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**PLEASE COMPLETE IN FULL, SIGN AND FAX TO: 011 622-4645**

[www.insureacar.co.za](http://www.insureacar.co.za)