



Unit 16, First Floor, Block D
Lifestyle Riverfront Office Park
16 Bosbok Road
Randpark Ridge

PO Box 3375
Randburg
2125



Tel: 011 791 6602

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Authorized Financial Services Provider Number: 4467

MOTOR THEFT CLAIM FORM				
INSURER	Name			
	Claim Number			
	Policy Number			
AGENT	Name			
	Claim Number			
INSURED	Surname & Initials			
	Identity Number			
	Company Name			
	Company Registration No			
	VAT Number			
	Occupation or Business			
	Physical Address			
	Postal Address			
	Telephone Numbers	Business		Home
FINANCE COMPANY	Name			
	Branch			
	Account Number			
	Type of Agreement			
VEHICLE	Make			
	Model			
	Year			
	Registration Number			
	Kilometers Completed		Date of Last Service	
	Vehicle Identification No			
	Chassis Number			
	Engine Number			
	Exterior Colour			
Interior Colour				

The issue of this form is not an admission of Liability

REGISTERED OWNER	Name														
	Identity Number														
THEFT	Date and time of theft														
	Place of theft														
	Police Station														
	Date Reported														
	Reported by														
	Circumstances														
Was alarm activated? If not, give reasons															
Was the vehicle locked? If not, give reasons															
ANTI-THEFT VEHICLE RECOVERY DEVICE DETAILS	Make														
	Fitted by														
	Date														
	PLEASE ATTACH PROOF OF DEVICE														
	Details of window markings														
	Detail of scratches, dents, defects														
	Details of other features, which assist with identification														
	PLEASE ATTACH BOTH SETS OF THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATION AND THE LAST SERVICE INVOICE														
DECLARATION	I/We warrant the truth of the answers to the above questions														
	Signature of Driver											Date			
	Signature of Insured						Capacity						Date		

