

## MOTOR THEFT CLAIM FORM

### THE INSURED

Name of the insured		Insurer	
Policy number		Occupation	
Address		Client details	ID Number
			e-mail
			Tel (mobile)
			Tel (day)

### THE VEHICLE

Year, Make and Model			
Reg. no.		Registered owner	
VIN number		Engine number	
Vehicle ID number		Kilometres completed	
Exterior colour		Interior colour	
Details of dents, scratches, defects			

### THEFT

Date of theft		Place of theft	
Time of theft		Police Station	
Case nr.		Date reported	
Reported by whom		Was the vehicle locked	
Short description of the circumstances			

**The issue of this form is not an admission of liability and the insured's attention is drawn to the policy conditions which stipulate that no admission, offer, promise of payment or negotiation shall be made without the written consent of the company.**

FINANCE			
Name of finance company		Account number	
Branch		Telephone number	
Contact person			

I/We declare the foregoing particulars to be true in every respect and that I/We have not withheld from the Insurer any information within my knowledge connected with the loss.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Please attached clear copy of the registration certificate, driver's license and PDP if applicable**