

Motor theft

Claim Form



Policy number	Insurer
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1 Insured

Company name/Surname and initials			
Identity/Passport number			
Business or occupation			
Physical address			
Postal address			
Contact details	Business	Email	Cell

2 Vehicle

Make	Engine number
Gross vehicle mass	Kilometers completed
Registration number	Pre-existing damage
Model and year	Exterior color
Chassis/VIN number	Interior Color
Peculiar identification marks or characteristics e.g. dents and stickers	

3 Theft Details

Date of theft	<input type="text"/>	Time of theft	<input type="text"/>
Place of theft	Police station		
Case number	Date reported		
Reported by	Reference number (if different)		
Name of police/Traffic officer			
Contact number			
Was the vehicle locked? If not, give reasons			
Details of stolen accessories (Please attach invoices). Are these separately insured?			
Anti-theft/vehicle recovery device details (Please attach proof of device if not factory fitted)			
Details of window markings	Number	Applied by whom	

4 Owner (if different from Insured)

Full name

Identity number

5 Finance Company (if applicable)

Name

Branch

Agreement number

Type of agreement

Outstanding amount

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risk proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regards

6 Payment method (NB. Bank letter required)

Please specify the name of the bank, branch, name of account and account number.

Name of Bank

Branch

Name of Account

Account Number

7 Declaration

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

Signature of Driver

Capacity

Date

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