

MOTOR THEFT CLAIM FORM

Broker details

Broker name	Policy number: Jhb
Claim number: Jhb	Certificate number

Insured/driver details

Full name and surname	ID
Licence details	
Company name	Occupation or business
Company registration number	VAT number
Address and code	
Postal and code	
Work tel	Fax
Home tel	Cell
Email	

Finance company

Name	Branch
Account number	Type of agreement

Vehicle details

Make	Year	Model
Registration number	Kilometres completed	
Date of last service	Service company	
Vehicle ID number	Chassis number	
Engine number	Exterior colour	Interior colour

Vehicle details

Registered owner name and surname	ID
-----------------------------------	----

Theft

1. Please attached proof of anti-theft device
2. Please attach both sets of the vehicle keys, a copy of the registration certification and the last service invoice

Date	Time	
Place		
Police station	Case number	Date reported
Was the vehicle locked?	Yes	No
If not, give reason why		
Was alarm activated?	Yes	No
If not, give reasons		
Anti-theft device	Yes	No
If yes, please give the following details:		
Make	Fitted by	Date
Details of window markings		
Details of scratches, dents and defects		
Other features, which assist with identification		

Declaration

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from above stated occurrence.		
Signed at	Date	
Signature of the driver	Date	
Signature of insured	Capacity	Date