



VEHICLE THEFT CLAIM FORM

Insurer:		Policy Number:	
Insured Name:		Claim Number:	
Occupation / Business:		Daytime Tel No:	
Address:			
	Postal Code:		

VEHICLE DETAILS

Make:		Model:		Year:	
Date Purchased:		Purchase Price:	R	Current value:	R
Current Km:		Registration No:		Engine No:	
Chassis (VIN) No		Exterior Colour:		Interior Colour:	
Registered Owner Name & ID No:					

If subject to Hire Purchase, Credit or Leasing Agreement please complete the following:

Name:		Branch:	
Account Nr:			
Type of Agreement:		Outstanding Amount:	

THEFT / LOSS

Date:		Time:	
Place:			
Station:		Reference Nr:	
Police Officer:		Reported By:	
Was the vehicle locked?	YES	NO	Describe how the loss / damage occurred below:

Make and Code of Anti-theft devices:

Immobiliser:		Fitted by:		Date:	
Gearlock:		Fitted by:		Date:	
Tracker:		Fitted by:		Date:	
Details of stolen accessories: (Please attach invoices)					
Details of window markings:	Number:		Applied by:		
Details of scratches, dents & defects:					
Details of other features which could assist in identification:					

Please attach the Vehicle Keys, Copy of the Registration Certificate and Last Service Invoice.

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

Insured's Signature

Date:

d	d	m	m	c	c	y	y
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