

MOTOR THEFT CLAIM FORM:

| Insurance company: | | | | | | |
|---------------------------------|-----------------------|----------|-------------------|-----|---|--|
| | | INSUR | RED | | | |
| Name: | | | | | | |
| Physical Address: | | | | | | |
| Occupation: | | | Email Address: | | | |
| | | | | | | |
| REGISTERED OWNER OF THE VEHICLE | | | | | | |
| Name of Owner: | | | | | | |
| I.D. Number: | | | | | | |
| | | | | | | |
| VEHICLE DETAILS | | | | | | |
| Make: | | | Model: | | | |
| Year: | | | Mileage: | | | |
| Registration: | | | VIN Number: | | | |
| Chassis Number: | | | Engine Number: | | | |
| Exterior Colour: | | | Interior Colour: | | | |
| | | | | | | |
| | FIN | IANCE CO | OMPANY | | | |
| Name: | | | Branch: | | | |
| Type of Agreement | : | | | | | |
| Account Number: | | | Outstanding Amour | nt: | R | |
| | L L | | | | | |
| POLICE | | | | | | |
| Police Reference: | | | | | | |
| Police Station: | | | Date Reported: | | | |
| | | | | | | |
| THEFT/HI-JACK DETAILS | | | | | | |
| Date: | | | Time: | | | |
| Place of Theft/ Hi- | Road Names and | | | | | |
| Jack: | Closest Intersection: | | | | | |
| Circumstances: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | CECURITY DETAILS | | | | |
|--|---|--|--|--|--|
| SECURITY DETAILS | | | | | |
| Anti Theft Device Details | | | | | |
| Make (Attach Device | | | | | |
| Certificate) | | | | | |
| Date Fitted: | | | | | |
| | | | | | |
| OTHER IDENTIFYING MARKS | | | | | |
| Window Markings: | | | | | |
| Scratches, Dents, | | | | | |
| Defects: | | | | | |
| Any other features | | | | | |
| which would assist | | | | | |
| identification: | | | | | |
| | | | | | |
| | VEHICLE EXTRAS AND ACCESSORIES | | | | |
| List Non Standard | | | | | |
| Vehicle Extras | | | | | |
| (Provide Proof) | | | | | |
| List Specified | | | | | |
| Vehicle | | | | | |
| Accessories (Provide Proof/ | | | | | |
| quotations) | | | | | |
| ., | | | | | |
| | REQUIRED DOCUMENTS | | | | |
| We cannot proceed w | without the following documents DLEASE ATTACH: | | | | |
| We cannot proceed without the following documents. PLEASE ATTACH: 1. Copy of first page of registered owner's ID document | | | | | |
| | Pehicle Registration papers | | | | |
| 3. Vehicle Keys | - · · · · | | | | |
| 4. The last service invoice | | | | | |
| Additional paperworl | k will be requested by the appointed assessor. | | | | |
| | | | | | |
| Signature of Insured: | Date: | | | | |
| IF OWNER NOT THE II | NSURED: | | | | |
| I | am the owner of the vehicle and hereby confirm that the details | | | | |
| contained herein are correct. | | | | | |
| Signature of Owner: | | | | | |
| | | | | | |
| Date: | | | | | |