

MOTOR THEFT CLAIM FORM

INSURER

Insurer:	Broker:
Policy No:	Claim No:

INSURED

Insured:	
Address:	
Tel No:	Mobile No:
Identity No:	Email:

VEHICLE DETAILS

Make:	Model:	Year:
Registration:	Kilometers:	
Date of Purchase:	Price Paid:	
Date of Last Service:	Engine No:	
Color:	Chassis No:	
Registered Owner:		
Is the vehicle subject to HP/Lease:		
Financial Company:	Tel No:	

THEFT DETAILS

Date:	Time:
Place:	
Police Station:	Case No:
Was Alarm Activated? Yes No	Was vehicle locked? Yes No
Details of any identifying marks:	
Description of circumstances:	
DECLARATION: I/We hereby declare that the foregoing particulars including the stated loss are true and correct in every respect.	
Signature of Insured:	Capacity:
	Date: