

Please complete and return to: admin@insconhawkins.co.za Tel: 011 883 7153

MOTOR THEFT CLAIM FORM

Insurer:	Broker:	
Policy No:	Claim No:	
- Interior		
INSURED		
Insured:		
Address:	Adabila No.	
Tel No:	Mobile No: Email:	
Identity No:	ETTIGII.	
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
		NO
Details of any identifying marks:		NO
		NO
Details of any identifying marks:		NO
Details of any identifying marks:		NO
Details of any identifying marks:		NO
Details of any identifying marks:		NO
Details of any identifying marks:		NO
Details of any identifying marks:		NO
Details of any identifying marks: Description of circumstances:		
Details of any identifying marks:		
Details of any identifying marks: Description of circumstances: DECLARATION: I/We hereby declare that the fo		