MOTOR THEFT CLAIM FORM

INSURED & BROKER DETAILS

Policy No _____   Name of Insurer _____

Insured   Name _____   ID No./Co. Reg. No. _____

Occupation _____   Tel No.   W _____   H _____

E-mail address _____   Cell _____   Fax _____

Physical address _____

Code _____

FINANCE COMPANY

Account no. _____   Name of Account holder _____

Name of institution _____   Branch _____

REGISTERED OWNER OF VEHICLE

Name _____   ID No./Co. Reg. No. _____

VEHICLE

Manufacturer _____   Model _____   Year _____

Kilometres completed _____   Registration No. _____

Engine No. _____   VIN No. _____

Date of purchase (DD/MM/YYYY) _____   Price paid R _____

Date of last service (DD/MM/YYYY) _____

Identifying features

For example window markings or markings on body work _____

Extras (Please supply proof of purchase) _____

Colour: Exterior _____   Interior _____

SECURITY DETAILS

Type of security   Factory fitted   Gearlock   Tracking

If Tracking is installed

Make _____   Model _____   Year installed _____

When was theft reported to tracking company (DD/MM/YYYY) _____   Time reported (hh:mm) _____

Person spoken to _____   Reference No. _____

THEFT DETAILS

Date of theft (DD/MM/YYYY) _____   Time of theft (hh:mm) _____

Physical address where theft took place _____

Police Station _____   Case No. _____   Name of Officer _____

Date Reported to Police (DD/MM/YYYY) _____   Reported By _____

Driver's Name/Person responsible for vehicle _____   D.O.B _____

Contact Number   H _____   Cell _____   W _____

CIRCUMSTANCES OF LOSS

(Please supply a detailed description of how the loss occurred)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

DECLARATION

We hereby declare all particulars provided to be true in every respect.

Signature of Insured _____   Date (DD/MM/YYYY) _____

I, _____authorise Insurance Zone to share information regarding my/our short term insurance claim with the following person/s:

Full Name	ID Number
Full Name	ID Number
Full Name	ID Number

N.B.   IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING RECOVERY. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.

Insurance Zone