

MOTOR THEFT CLAIM FORM

INSURED DETAILS	<i>Name and occupation</i>				
	<i>ID No</i>				
	<i>Day Time Phone Number</i>				
	<i>Address</i>				
VEHICLE	<i>Year, make & model of vehicle</i>				
	<i>Registration Number</i>		<i>Odometer Reading</i>		
	<i>VIN Number</i>		<i>Engine Number</i>		
	<i>Anti-Theft Device Details</i>		<i>Make</i>		<i>Fitment Date</i>
	<i>Financing Details</i>		<i>Finance Co</i>	<i>Account No</i>	<i>Settlement amount</i>
	<i>In whose name is the vehicle registered? (Please attach a copy of the registration certificate)</i>				
THEFT DETAILS	<i>Date, Time and Place of Theft</i>		<i>Date</i>	<i>Time</i>	<i>Place</i>
	<i>What was stolen? (tick relevant box)</i>		<input type="checkbox"/> <u>Vehicle and Accessories</u> <input type="checkbox"/> <u>Accessories only</u>		
	<i>Details of stolen accessories (please attach invoices)</i>				
	<i>Name of Police Station and Case Reference No.</i>		<i>Station</i>		<i>Case Ref.</i>
	<i>Circumstances of theft</i>				
			<i>Exterior Colour</i>		<i>Interior Colour</i>

IDENTIFICATION	If the vehicle was stolen, please complete this block	DETAILS OF SCRATCHES / DENTS / DEFECTS
		DETAILS OF PERSONAL / HIDDEN IDENTIFICATION MARKS
		DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION
AUTHORITY FOR PAYMENT	<p>ASSIGNMENT: I/We acknowledge that the party hereby authorised to effect a credit against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/We may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior consent of the authorised party.</p> <p>NAME OF BANK:</p> <p>NAME OF BRANCH & CODE:</p> <p>ACCOUNT NO:</p> <p>NAME OF ACCOUNT HOLDER:</p>	
DECLARATION	<p>We hereby declare the foregoing particulars to be true in every respect.</p> <p>Insured's Signature Date / /</p>	