

MOTOR THEFT CLAIM FORM

CLAIM NO: _____

Name of Insured _____

Address _____

Occupation _____ Date of Payment of last premium _____

Policy No. _____

Phone No. _____

Particulars of Vehicle

Make _____

Year of Manufacture _____

Registered letter and numbers _____

Purpose(s) for which the vehicle was being used at the time it was stolen _____

Circumstances

Where did the loss occur? _____

On what date and at what hour did the loss occur? _____

Who was in charge of the vehicle at the time of the loss? _____

Was the vehicle in use with the insured's permission or authority? _____

Was the vehicle locked? _____

Was an anti-theft device fitted? If so, state type _____

Circumstances under which the loss occurred, and information if any _____

Date and from whom the vehicle was purchased _____

Date and place of last vehicle service _____

Are you the sole owner of the vehicle? _____

Give the date the Police were advised and the address of the Police Station stating criminal register number _____

Are there any other insurances against Burglary, Housebreaking or theft upon the same vehicle? _____

IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC., PLEASE COMPLETE THE FOLLOWING:

Description _____
Price paid _____
From whom purchased _____
When purchased _____
Amount Claimed _____

If the vehicle NOT recovered, please complete the following and forward the Registration Book (if any)

Engine No. _____ Chassis Frame No. _____

Type of Body _____
Colour or combination of colours _____
Have you had alterations made which are recognizable? _____
Are there any identifying features, externally or internally, e.g. marks, scratches, disfigurements etc?

Mileage reading at the time of loss _____

IF VEHICLE RECOVERED, please complete the following:

Place and date recovered _____
Mileage reading at the time of loss and upon recovery _____
Details of damage sustained (if any) _____
Where can the vehicle be inspected? _____

IF THE VEHICLE HAS BEEN DAMAGED, A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE BUT THE REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY

I/We hereby declare that the whole of the statements made by me/us in this Form of Claim are in every respect true, and I/We agree that that if I/We have made any false or untrue statements, or if there be any suppression or concealment of any material fact, my/our right to recover under the policy shall be absolutely forfeited.

Signature of the Insured _____ Date _____

This part MUST be filled by the **insured**, the **driver** and any witness listed in the claim form. Reproduce this part where necessary.

STATEMENT FORM

NAME:	ID NO:
POSTAL CONTACTS:	TEL. CONTACTS:
CELL NO:	EMAIL:
DATE OF ACCIDENT:	DATE RECORDED:
PLACE:	TIME:
CLASS OF PERSON: (Insured, Driver, Witness)	

Declaration: I declare the foregoing particulars to be a true account of the accident herein.

SIGNATURE DATE:.....