

## Motor theft claim form

### BRANCH

Branch	Broker
Claim number	Branch
Policy number	Claim number

### BROKER/AGENT

Name
Claim number

### PARTICIPANT

Company name			
Surname and initials			
Identity number			
Occupation or business			
Physical address			
Postal address			
E-mail			
Telephone	(W)	(H)	Cell

### VEHICLE

Date of purchase
Name of registered owner
Make
Model
Year
Registration number
Kilometres completed
Vehicle identification number (VIN)
Chassis number
Engine number
Colour (exterior)
Colour (Interior)

### FINANCE COMPANY

Name
Branch
Account number
Commencement date
Type of agreement
Outstanding balance

### THEFT REPORT

Name
Identity number
Date, time and place
Purpose for which vehicle was being used

**THEFT REPORT (continued)**

Police station reference number

Date reported

Reported by

Circumstances

Was the vehicle locked? If not, give reasons

Details of stolen accessories (please attach invoices). Are these separately insured?

**DETAILS OF ANTI-THEFT DEVICE/VEHICLE TRACKING AND RECOVERY DEVICE**

Make

Fitted by

Date/Datum

PLEASE ATTACH PROOF OF DEVICE

**DETAILS OF WINDOW MARKINGS**

Number

Done by whom

Details of scratches, dents, defects

Details of other features which would assist identification

PLEASE ENCLOSE THE VEHICLES KEYS TOGETHER WITH A COPY OF THE REGISTERED CERTIFICATE AND THE LAST SERVICE INVOICE.

I/We hereby declare the foregoing particulars to be true in every respect

**AUTHORISATION**

I acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also acknowledge that the information provided by me may be verified against other legitimate sources or databases. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning me.

Signature of Participant

Capacity

Date