

# 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)

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**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.**