

MOTOR THEFT CLAIM FORM

All questions must be answered in full, in BLOCK letters, in the Claimant's handwriting or to his dictation.
The issuing of this form is not to be taken as an admission of liability by the insurers

CLAIM NO. _____ BROKER'S /AGENT REF.NO. _____

POLICY NO. _____

1. INSURED

Name of Insured in full _____

Postal address _____ Postal code _____

Telephone - Office _____ House _____ Mobile _____

Email _____

Occupation/nature of business _____

Date last premium paid (day/month/year) _____

2. PARTICULARS OF VEHICLE

Make/model _____

When was the vehicle manufactured? (year) _____ H.P./C.C. _____ Vehicle registration no. _____

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

3. CIRCUMSTANCES

Where did the loss occur? _____

When did the loss occur? (day/month/year) _____ Time(am/pm) _____

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? Yes No

Were all doors in the vehicle securely locked? Yes No

Were all windows closed? Yes No

Was an anti-theft device fitted and activated? Yes No

If yes, state type _____

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

When and from whom was the vehicle purchased? (day/month/year) _____

When and where was the vehicle last serviced? (day/month/year) _____

When were the police notified? (day/month/year) _____ Criminal register No. _____

Name of the police station (attach police abstract form) _____

Are there any other insurances against burglary, housebreaking or theft upon the same vehicle? Yes No

If yes specify _____

Have you had any vehicle stolen on previous occasions?

If yes, give details (date, insurers etc.) _____

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 is NOT recovered, please complete the following and forward the registration Book (if any)

Engine no. _____ Chassis or frame no. _____

Type of the body _____

Colour or combination of colours _____

Have you had any alterations made which are recognizable? Yes No

If yes, specify _____

Are there any special fittings or accessories? Yes No

If yes, specify _____

Are there any identifying features, externally, e.g. marks, scratches, disfigurements etc.? Yes No

If yes, specify _____

Mileage reading at the time of loss (approx.) Kms. _____

If the vehicle is recovered please complete the following

When and where was the vehicle recovered? _____

Mileage at time of loss Kms. _____ Mileage upon recovery Kms. _____

Details of damage sustained (if any) _____

Where can the vehicle be inspected? _____

DECLARATION

I/we hereby declare that the whole of the statement made by me/us in this form are in every respect true and I/we agree that if I/we made any false or untrue statement(s) or if there be any suppression or concealment of any material fact my/our right to recover under the policy shall be absolutely forfeited.

Date _____

Signature of Insured _____

Rubber stamp _____

