

MOTOR VEHICLE THEFT CLAIM FORM
(Please Answer Every Question)

INSURED	Policy No.	
	Renewal Date	
	Name	
	Business/Occupation (if more than one, state all)	
	Address	
	Code	
	Town	
	Tel. No. (Land Line)	
	Tel. No. (Cell Phone)	
VEHICLE	Make	
	Model	
	Reg. No.	
	HP/CC	
	Year of Make	
	Chassis No.	
	Engine No.	
	Type of Body	
	Colour	
	Date vehicle first registered (from Log Book)	
	Date of last service by whom	
	Marks and other special feature to help establish identity	
	Estimated value at time of loss	
	Date of purchase	
	Purchase price	
Name and Address of Owner		
Is vehicle subject to a Hire Purchase Agreement		
State name and address of Finance Co.		
PERSON IN CHARGE	Name	
	Address	
	Occupation	
	Date of Birth	
	For what purpose was the vehicle being used?	
	Was the vehicle being used with your permission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
CIRCUMSTANCES OF LOSS	Date	
	Time	
	Place	
	How long had the vehicle been unattended?	

	Were all the vehicle doors locked?	
	How was the vehicle otherwise immobilised?	
	State fully what happened	
	Do your suspicions rest upon anyone and if so on whom?	
POLICE ABSTRACT	Police Station to which loss was reported?	
	Date and time of report	
	Police "Criminal Report" No.	
IF VEHICLE AND/OR ACCESSORIES RECOVERED	Date recovered	
	Time	
	Where found	
	Nature of damage (please forward estimate for repairs)	
	Where is the vehicle now lying and in whose charge?	
	Are there any other insurance in force upon the vehicle?	
	If so, please details	
NB: WHEN RETURNING THIS FORM PLEASE ENCLOSE THE LOG-BOOK		

(For Official Use Only)	Claim No.
--------------------------------	------------------

I Declare that these particulars are true and correct.

Date _____ Signature of Insured _____