



MOTOR THEFT CLAIM

INSURED and BROKER DETAILS

Policy number, Name of Insurer, Insured Name, Occupation, Email address, Physical address, ID no./Co. reg.no., Daytime tel. no., Cell, Fax, Code, Contact person

FINANCE COMPANY

Account number, Name of institution, Type of agreement, Is the registration certificate attached, Name of account holder, Branch, Amount, If financed, have you requested the registration certificate from the finance house

REGISTERED OWNER OF VEHICLE

Name, ID no./Co. reg.no.

VEHICLE

Manufacturer, Kilometres completed, Enginenumbr, Date of purchase, Date of last service, Model, Registration number, Vin/Chassis number, Pricepaid, Component numbers, Year, In whose name the vehicle is registered

Identifying features

For example window markings or markings on body work, Details of scratches, personal hidden identification marks, other features which would assist identification, Extras (Please supply proof of purchase), Colour: Exterior, Interior

SECURITY DETAILS

Type of security, If tracking is installed, Make, Model, Year installed, When was theft reported to tracking company, Time reported, Person spoken to, Reference no., Fitted by and date, \* Attach proof of device



**THEFT DETAILS**

Date of theft (DD/MM/YYYY) \_\_\_\_\_ Time of theft (hh:mm) \_\_\_\_\_

Physical address where theft took place \_\_\_\_\_

What was stolen \_\_\_\_\_

Police station \_\_\_\_\_ Case no. \_\_\_\_\_ Name of officer \_\_\_\_\_

Date reported to Police (DD/MM/YYYY) \_\_\_\_\_ Reported by \_\_\_\_\_

Driver's name/Person responsible for vehicle \_\_\_\_\_

Date of birth \_\_\_\_\_

Contact number \_\_\_\_\_

Was the vehicle locked  YES  NO  If not, give reasons \_\_\_\_\_

Who is in possession of the vehicle keys \_\_\_\_\_

**CIRCUMSTANCES OF LOSS**

(Please supply a detailed description of how the loss occurred)

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**DECLARATION**

I/ We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that A-Sure Consultants (PTY) Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

\_\_\_\_\_  
Signature of Insured                      Capacity                      Date (DD/MM/YYYY)

**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.**