

MOTOR THEFT CLAIM FORM

PLEASE FURNISH ALL DETAILS USING THIS REPORT

1. INSURED: Name Address

Telephone No. Home Business.....

Contact Cell No..... Policy No.....

2. Date of lossTimeam/pm Exact place

Name and address of person using vehicle immediately prior to loss

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Was vehicle locked when theft occurred?

Explain fully how loss occurred

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3. When was loss notified to the police? Date Timeam/pm

By whom was it reported? Name

Address

To which Police Station

4. The vehicle:

Date bought by insured From whomEstimate value at time of loss

4.1. Construction: MakeYearMileage at time of theft

Body HP/CC

4.2. Registration book Specification: Registration Chassis No.....

Engine number

Are you the sole owner?

In whose name is the vehicle registered?

State date of first registration as new

Name of Hire Purchase Company, if any

Approximate amount outstanding

Colour and condition of vehicle a) Body

b) Upholstery

Please describe any marks, defects or features which might assist in identifying the vehicle

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5. If the vehicle has sustained damage give the following information:

Details of damage

Name and address of repairers where vehicle can be examined

.....Telephone Number

Is vehicle at repairers now?if not, when will it be taken there?

6. Is the loss or damage covered by any other policy? if so, give details

7. If any vehicle accessories have been stolen give the following information:

Policy Number	Description of property	Name of owner	Date of purchase	Price paid	Allowance for wear and tear or depreciation	Amount claimed

I/ we declare that these particulars are true and complete in every respect.

Date Signature of Insured