



## Motor Theft Claim Form

Insured Details	
Policy Number	
ID No/ Reg No	
Contact number	
Vehicle details	
Make	
Model	
Year	
Registration number	
Kilometres completed	
VIN	

Theft Details	
Date of theft	
Time of theft	
Place of theft	
SAPS station reported at	
SAPS Reference number	
Date reported	
Reported by	
Was the vehicle locked? If not state, please explain.	
Details of stolen accessories (Please attach invoices). Are these separately insured? E.g. Phone, laptop, sunglasses	
Details of scratches, dents, defects.	
Details of other features which would assist identification.	

I/We hereby declare the foregoing particulars to be true in every respect. In terms of the policy, I/We agree to render all assistance requested by the Insurer and the identification and physical recovery of such vehicle to be located.

Signature of Insured:

Date:

