

MOTOR THEFT CLAIM FORM

Policy number:		Claim number:	
Broker/agent:			

1. INSURED

Name:		Occupation:	
VAT registration:		Identity number:	
Address:			
Contact no:			

2. VEHICLE

Make:		Model and year:	
Mileage:		VIN:	
Registration:		Engine number:	
Exterior colour:		Interior colour:	
Is vehicle subject to Hire purchase, credit or leasing agreement?	Y	If Yes, name of finance company:	
	N		
Branch:		Account number:	
Type of agreement:		Outstanding amount:	R

3. OWNER

Name:		Identity number:	
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4. THEFT

Date of theft:		Time of theft:	
Place of theft:		Police station:	
SAPS Case number:		Date reported:	
Reported by:			

CIRCUMSTANCES OF THEFT:



Was the vehicle locked?	Y		If No, please explain:	
	N			
Details of stolen accessories: (please attach invoices)				
ANTI-THEFT / VEHICLE RECOVERY DEVICE DETAILS (PLEASE ATTACH PROOF):				
Make:		Model:		
Fitted by:		Date installed:		
UNIQUE IDENTIFICATION DETAILS:				
Number of window markings:		Applied by:		
Scratches, dents, defects:		Any other details that can assist identification:		
PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LATEST SERVICE INVOICE.				

5. DECLARATION

I declare that the particulars in this form are true in every respect.

Date:	
Insured's signature:	



Elite Company. Reg No: 2018/275355/07

UNDERWRITTEN BY:



OLD MUTUAL INSURE LIMITED,
REGISTRATION NUMBER 1970/006619/06.
A LICENSED FSP AND NON-LIFE INSURER.