moosa allee
insurance brokers c.c.
CK 1986/12675/23
Authorised Financial Service Provider - Licence No. 14514

MOTOR THEFT CLAIM FORM

INSURER _____

POLICY NO. _____

INSURED

Surname & Initials _____
Identity Number _____
Occupation _____
Address _____
Contact Number _____

FINANCE COMPANY

Name _____
Branch _____
Account Number _____

VEHICLE

Make _____ Tare _____
Gross Veh. Mass _____ Km Completed _____
Registration _____ Value _____
Model _____ Year _____
Date of Purchase _____ Price Paid _____
Date of Last Service _____ Engine Number _____
Chassis Number _____
Colour: Exterior _____ Interior _____

REGISTERED OWNER

Name _____
Identity Number _____

THEFT DETAILS

Date & Time of Theft _____
Place of Theft _____
Police Station _____
Case Number _____ Date Reported _____
Reported By _____

Circumstances	

Was Alarm Activated? _____
If not, give reasons _____
Was Vehicle Locked? _____
If not, give reasons _____

ANTI-THEFT VEHICLE RECOVERY DEVICE DETAILS

Make _____
Fitted By _____
Date _____

PLEASE ATTACH PROOF OF DEVICE

Details of Window Markings _____

Details of Scratches, Dents, Defects, etc. _____

DECLARATION

I/We hereby declare the foregoing particulars to be true in every respect.

Signature of Driver _____ Date _____

Signature of Insured _____ Capacity _____ Date _____

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/INSURED ONLY.