

## Motor Theft Claim Form

<b>Broker</b>		
<b>Policy Number</b>		
<b>Insured</b>	Company name/Surname Initials	
	Company registration no	
	ID number	
	VAT number	
	Business/Occupation	
	Physical Address	
	Postal Address	
	Contact number	Work Home
<b>Vehicle</b>	Make	
	Model	
	Year	
	Registration number	
	VIN number	
	Engine number	
	Exterior colour	
	Pre-existing damage	
<b>Finance Company</b>	Name and branch	
	Account number	
	Type of agreement	
	Outstanding amount	
<b>Owner</b>	Name	
	Identity number	
<b>Theft</b>	Date	
	Time	
	Place	
	SAPS Station	
	Case number	
	Date reported	
	Reported by	
	Circumstances	

Contact Details  
Tel: 082 601 8288  
Fax: 086 498 1683  
FSP 47088  
www.certainsure.co.za



Physical Address  
2 Carlisle Close  
West Beach  
Cape Town  
7441

Was the vehicle locked? If not, give reasons	
Details of stolen accessories (Please attached invoices)	
Anti-theft device details (Please attached proof)	
Details of scratches/dents/defects	
Features that would assist in the identification of the vehicle	

**Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.**

**Declaration:** I/We hereby declare the foregoing particulars to be true in every respect

\_\_\_\_\_  
Signature of Driver

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Date