



Indequity Specialised Insurance Ltd

MOTOR VEHICLE THEFT CLAIM FORM

INSURED	Policy number _____
	Name and surname _____
	Telephone numbers - during the day () () Cell _____
	Physical Address _____
	E-mail _____
	Identity number _____ VAT registration number (if business) _____
Occupation or business _____	
VEHICLE	Make _____ Model _____ Year _____
	Date /purchase _____ Purchase price R _____ Retail value R _____
	Speedometer reading (km) _____ Registration number _____
	VIN/Engine number _____ Chassis number _____
	Exterior colour _____ Interior colour _____
REGISTERED OWNER	Name and surname _____
	Telephone numbers - during the day () () Cell _____
	Address - (both physical and postal) _____
	Identity number _____
LAST DRIVER	Name and surname _____
	Telephone numbers - during the day () () Cell _____
	Physical address _____
	E-mail _____
	Identity number _____
FINANCE COMPANY	Is the vehicle still subject to a finance agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO
	Name _____ Branch _____
	Address _____
	Telephone numbers () ()
	Type of agreement (hire purchase, creditor leasing agreement) _____
	Account number _____ Outstanding amount R _____
THE THEFT	Place _____ Time _____ Date _____
	Please provide a detailed description of the circumstances surrounding the theft (Should you require additional space, kindly use blank paper and attach)

Was the vehicle locked? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If not, please provide reasons _____	

ACCESSORIES	Provide details of stolen accessories (Please attach the purchase invoices) _____ _____ _____ Are these items separately insured? <input type="checkbox"/> YES <input type="checkbox"/> NO
SECURITY/TRACKING	Is an immobiliser fitted in the vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes Make _____ Installed by _____ Date fitted _____ Is there an alarm installed in the vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes Make _____ Installed by _____ Date fitted _____ Is a tracking system installed in the vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes Make _____ Installed by _____ Date fitted _____ (Please attach proof of installation)
MISCELLANEOUS	Details of scratches, dents and defects on the vehicle _____ _____ Details of any other features which would assist in the identification of the vehicle _____ _____ _____
POLICE DETAILS	Police station reported to _____ Date reported _____ Reported by _____ Case number / reference _____
DECLARATION	<p>Declaration</p> <p style="color: red; text-align: center;"> I/We hereby solemnly declare that I/we have suffered the loss of the property listed above and that the said property was my/our possession immediately prior to the said loss, which occurred in the circumstances described above. We understand that the completion of this form does not bind the Insurer to payment of any claim. I/We further declare that the foregoing information is true in every respect and that I/we have not withheld any information connected with the loss from the insurer. </p> Signature of last driver _____ Capacity _____ Date _____ Signature of insured _____ Capacity _____ Date _____ <p style="color: red; text-align: center;">Please note: It is important that you notify the insurer immediately when you become aware of any pending prosecution, inquest or demand</p>
DOCUMENTS	<p>The following documentation must accompany your claim form to ensure the fast and accurate processing of your claim:</p> <ul style="list-style-type: none"> ■ If the car is under HP still, please provide us with a letter from the bank, confirming the settlement amount. ■ Original de-registration papers of the vehicle, should the vehicle be paid in full ■ Proof of installation of Vesa approved immobiliser and/or tracking device ■ Copy of License paper of vehicle ■ Original and all duplicate keys. ■ Copy of registered owner's identity document. ■ Copy of the driver's licence.