

## MOTOR VEHICLE THEFT CLAIM FORM

<b>INSURED</b>	Policy number	Name and surname	
	<b>Contact Numbers:</b> Work	Home	Cell
	Physical address		
	E-mail	Identity number	
	VAT registration (if business)	Occupation or business	
<b>VEHICLE</b>	Make	Model	Year
	Odometer reading (km)	Registration number	
	VIN Number		
	Exterior colour	Interior colour	
	<b>REGISTERED OWNER</b>	Name and surname	
<b>Contact Numbers:</b> Work		Home	Cell
Physical address			
Postal address			
Identity number			
<b>LAST DRIVER</b>	Name and surname		
	<b>Contact Numbers:</b> Work	Home	Cell
	Physical address		
	Postal address		
	Identity number	Email	
<b>FINANCE COMPANY</b>	Is the vehicle still subject to a finance agreement <b>YES</b> <b>NO</b>		
	Name	Branch	
	Address		
	Telephone numbers		
	Type of agreement (hire purchase, creditor leasing agreement)		
	Account number	Outstanding amount R	
<b>THE THEFT</b>	Place	Time	Date
	Detailed description of the circumstances surrounding the theft (Should you require additional space kindly use blank paper and attach)		
	Was the vehicle locked? <b>YES</b> <b>NO</b> If not, please provide reasons		

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### ACCESSORIES

Provide details of stolen accessories (Please attach the purchase invoices)

Are these items separately insured? **YES**      **NO**

### SECURITY/ TRACKING

Is an **immobiliser** fitted in the vehicle? **YES**      **NO**      If yes: Make

Installed by \_\_\_\_\_ Date fitted \_\_\_\_\_

Is there an **alarm** installed in the vehicle? **YES**      **NO**      If yes: Make

Installed by \_\_\_\_\_ Date fitted \_\_\_\_\_

Is a **tracking system** installed in the vehicle? **YES**      **NO**      If yes: Make

Installed by \_\_\_\_\_ Date fitted \_\_\_\_\_

### MISCELLANEOUS

Details of scratches, dents and defects on 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 \_\_\_\_\_

Contact person and number (if any)

### DECLARATION

I/We hereby solemnly declare that I/we have suffered the loss of/damage to the property listed above and that the said property was my/our possession immediately prior to the said loss/damage, which occurred in the circumstances described above.

I/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.

**Signature of last driver:** (Digital or Written if printing form)

**Signature of insured:** (Digital or Written if printing form)

**Date**

**Date**

Please note: It is important that you notify the insurer immediately when you become aware of any pending prosecution, inquest or demand

### DOCUMENTATION

The following documentation must accompany your claim form to ensure the fast and accurate processing of your claim:

- If the car is still under HP, please provide us with a letter from the bank, confirming the settlement amount
- Original de-registration documents 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 license

Please sign and send your completed form to:  
**info@indequity.com**