

INDEQUITY

SPECIALISED INSURANCE LTD.

- MOTOR VEHICLE THEFT CLAIM FORM -

| | | | |
|---|---|------------------------|-----------------|
| INSURED | Policy number | Name and surname | |
| | Contact Numbers: Work | Home | Cell |
| | Physical address | | |
| | E-mail | Identity number | |
| | VAT registration (if business) | Occupation or business | |
| VEHICLE | Make | Model | Year |
| | Odometer reading (km) | Registration number | |
| | VIN Number | | |
| | Exterior colour | | Interior colour |
| | | | |
| REGISTERED OWNER | Name and surname | | |
| | Contact Numbers: Work | Home | Cell |
| | Physical address | | |
| | Postal address | | |
| | Identity number | | |
| LAST DRIVER | Name and surname | | |
| | Contact Numbers: Work | Home | Cell |
| | Physical address | | |
| | Postal address | | |
| | Identity number | Email | |
| FINANCE COMPANY | Is the vehicle still subject to a finance agreement YES NO | | |
| | Name | Branch | |
| | Address | | |
| | Telephone numbers | | |
| | Type of agreement (hire purchase, creditor leasing agreement) | | |
| | Account number | Outstanding amount R | |
| THE THEFT | 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? YES NO If not, please provide reasons | | | |

Initial:

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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