

Insurer: Policy no:
 Insured name: Claim no:
 Occupation / Business:

Contact Details

Tel no landline: Cell no:
 Email:
 Address:
 Postal code:

VEHICLE DETAILS

Make: Model: Year:
 Date purchased: Purchase price: R Current value: R
 Current KM: Reg no: Engine no:
 VIN no: Interior colour: Exterior colour:
 Registered owner name & ID no:

If subject to Hire purchase, Credit or Leasing agreement – please complete the following:

Account no:
 Type of agreement: Outstanding finance: R

THEFT / LOSS

Date: Time: Place:
 Police station: Reference no:
 Police officer name: Reported by:

Was the vehicle locked: Yes No Describe how the loss occurred below:

MAKE & CODE OF ANTI-THEFT DEVICE

Immobiliser / Gearlock: Factory fitted? Yes No
 Datadot: Fitted by: Date:
 Tracker / Alarm: Fitted by: Date:

Details of stolen accessories/ extras (please attach invoiced/ quotations)

Client's signature

Date signed: