# MOTOR THEFT CLAIM FORM

cib INSURANCE

## INSURER

Insurer | Policy No.

## INSURED

Company Name / Surname & Initials

Physical Address _____ Code _____

Postal Address _____ Code _____

Identity No. | Occupation / Business

Vat No. | Business Tel No. | Home Tel No.

## VEHICLE

| | | |
|---|---|---|
| Reg No. | Make | Model |
| Year | Kilometres | Vehicle I.D. No. |
| Date purchased | Price paid | Chassis No. |
| Engine No. | Exterior Colour | Interior Colour |

## FINANCE COMPANY

Name | Branch

Account No. | Agreement Type

Outstanding amount

## OWNER

Surname & Initials

Identity No.

## THEFT

| | | |
|---|---|---|
| Date | Time | Place |
| Police Station | Date Reported | Reported By |

Circumstances

(cont)

## THEFT (cont)

Circumstances (cont)

Was the vehicle locked ☐ YES ☐ NO

If NO, give reasons

Details of Stolen Accessories (please attach invoices)

Are these separately insured ☐ YES ☐ NO

Anti-Theft / Vehicle Recovery Device (PLEASE ATTACH PROOF OF DEVICE)

| Make | Fitted by | Date |
|---|---|---|

| Window Marking No. | Applied by |
|---|---|

Details of scratches, dents, defects on vehicle

Details of other features which would assist identification

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE

## DECLARATION

We hereby declare the foregoing particular to be true in every respect

| Signature of insured | Capacity |
|---|---|

Date d a y / m o n t h / y e a r