



econorisk

**MOTOR THEFT/ATTEMPTED THEFT
STOLEN & RECOVERED DAMAGED CLAIM FORM**

Tel: 011 803 7446 Fax 011 807-6861

INSURER			POLICY NUMBER	
INSURED	Company Name / Surname & Initials			
	Identity Number			
	Vat Number			
	Occupation / Business			
	Physical Address			
	Postal Address			
	Telephone No's		Business	Home
VEHICLE	Make			
	Model			
	Year			
	Registration No.			
	Kilometres			
	Date Purchased & Price Paid			
	Vehicle I.D. No.			
	Chassis Number			
	Engine Number			
	Exterior Colour			
	Interior Colour			
FINANCE COMPANY	Name			
	Branch			
	Account Number			
	Agreement Type			
	Outstanding Amount			
OWNER	Surname & Initials			
	Identity Number			
THEFT	Date, Time, Place	Date	Time	Place
	Police Station	Case no:		
	Date Reported			
	Reported By			
	Circumstances			
	Was the vehicle locked? If not give reasons			
Details of stolen accessories (please attach invoices) Are these separately insured				

THEFT	Anti-Theft / Vehicle Recovery Device Details	Make	
		Fitted By	
		Date	
	PLEASE ATTACH PROOF OF DEVICE		
	Details of Window Markings	Number	
		Applied By	
	Details of Scratches, Dents, Defects on vehicle		
	Details of other features which would assist identification		
PLEASE ATTACH THE VEHICLES KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE IF STOLEN			
DECLARATION	I/We hereby declare the foregoing particulars to be true in every respect.		
	_____	_____	_____
	Signature of Insured	Capacity	Date