



Luanne Richard & Associates  
Authorised Financial Service Provider  
FSP Number 44976

## MOTOR THEFT CLAIM FORM

INSURED	Claim number				
	Name				
	Identity number				
	Occupation				
	Address and (day) Tel No.				
	Contact person				
VEHICLE	Make	Model	Year	Registration	
	Kilometres completed	Date of purchase and price paid			
	Anti-theft/Vehicle recovery device details	Make	Fitted by and date Attach proof of device/heg aan bewys van toestel		
	Details of window markings	Number	Applied by whom		
	Financing details	Finance co.	Type of agreement	Account number	Amount
	In whose name is the vehicle registered? (Please attach a copy of the registration certificate)				
THEFT DETAILS	Date, time and place of theft				
	What was stolen? (Tick relevant box)	Vehicle and accessories	Accessories only		
	Details of stolen accessories (Please attach invoices)				
	Police station and reference number				
	Date reported/By whom?				
	Circumstances of theft				
	Was the vehicle locked? If not give reasons				
IDENTIFICATION	Chassis number		Engine number		
	Component numbers				
	Exterior colour		Interior colour		
	Details of scratches/dents/defects				
	Details of personal/hidden identification marks				
	Details of other features which would assist identification				
If vehicle stolen, please complete this block					
Who is in possession of vehicle keys?					
DECLARATION	I/We solemnly declare that the above particulars are true and complete in every respect.				
	Insured's signature	<input type="text"/>	Date	<input type="text"/>	
	Capacity	<input type="text"/>			