



**Protocol  
Risk Managers**

# Motor Theft Claim Form

Insured							
Name							
Physical Address							
Contact number/s							
I.D. No / CK No.				Email Address			
Vehicle							
Registered Owner							
Make & Model				Year			
Exterior Colour				Interior Colour			
Registration Number		Purchase Price		Purchase Date			
Anti-Theft Devices (if applicable)							
#1 Make		#1 Fitted By		#1 Date			
#2 Make		#2 Fitted By		#2 Date			
Any Other Identifying Marks on Vehicle							
Window Markings							
Scratches/ Dents/ Defects							
Any other features that will assist in identification?							
Vehicle Extras							
Non Standard Vehicle Extras (Attach proof)							
Specified Vehicle Extras (Attach proof)							
Drivers Details							
Full Name			ID Number				
Address							
Occupation				Contact Number			
Driver's License Details							
Code		Place of Issue		Date			
State the purpose for which the vehicle was being used							
Was the driver driving with your consent?				Is driver in your employ?			
Yes		No		Yes		No	
Is driver owner of another vehicle?				If yes, provide name of Insurer & Policy No			
Yes		No		Insurer		Policy No	



Theft/ Hi-Jack Details					
Date		Time		Place	
Road Names of Closest Intersection					
When was the theft discovered?					
Circumstances					
Police Details					
Name of Officer		Police Station		Police Reference No	
Was The driver tested for alcohol or drugs?					
Required Documents					
<p>We cannot proceed without the following documents.</p> <p><b>PLEASE ATTACH:</b></p> <ol style="list-style-type: none"> <li>1. Copy of first page of registered owner's ID document</li> <li>2. Copy of the Vehicle Registration papers</li> <li>3. Vehicle Keys (and spares)</li> <li>4. The last service invoice</li> <li>5. Any additional paperwork will be requested by the appointed assessor.</li> </ol>					
Declaration					
<ul style="list-style-type: none"> <li>• I/we hereby declare the foregoing particulars to be true in every respect and hereby authorise the insurance company to obtain the police report on my behalf.</li> <li>• I /we declare that we will comply with the policy terms and conditions as per the policy contract and policy schedule.</li> </ul>					
Signature of Driver				Date	
Signature of Insured			Date	Capacity	