

General

Policy no.	Broker	
Insured Name	Initials	Title
I.D No.	VAT Reg No.	
Contact Name	Tel No. (W)	
Address	Cell No. (W)	
	Occupation	

Loss

Date of loss	Place of loss
Time of loss	

Insured vehicle

Make	Model	Year
Kilometers		
Registration No.	Date of purchase	Purchase price R
Alarm/ Immobiliser make		
In whose name is the vehicle registered?		

Please attached a copy of the registration certificate

Financing Details

Finance company
Type of agreement
Account No.

Vehicle Identification

VIN/Chassis No.
Engine No.
Interior colour
Exterior colour
Windows etched Y N Number

Provide details of/or other features which could assist in the identification of the vehicle

Accessories

If any accessories were stolen, provide us with as much details possible *(Please attach invoices)*

General Questions

Was the car locked Y N
Who is in possession of the vehicle keys?
What was the purpose of the vehicle / being used for?
Circumstances of theft/hijack

Reported to the Police

Y N

Police Station
Reference No.Date reported
Time reported**Other insurance (covering this loss)**

Y N

Name of Insurer

Banking details

We recommend that payments be made directly to insured's account to avoid fraud and delays

Method of payment Deposit to bank account Cheque

If payment is made to bank account, please complete the following:

Name of account holder

Savings Account

Current Account

Transmission Account

Other

Credit Card

Credit Card No.

Account number

Branch code

Name of Branch

*Please attach cancelled or used cheque for verification***Declaration**

We hereby solemnly declare that the foregoing particulars to be true and accurate in every respect.

Signature of insured: _____ Capacity: _____ Date: _____