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| **INSURED**  **VEHICLE** | **(PLEASE ANSWER EVERY QUESITION)**  Claim No.  Policy No. …………….. Renewal Date …………..  Name ………….  Business/Occupation  (if more than one, state all)  Address Private Tel. No.  Business Tel. No.  Make Model  Reg. No. HP/CC Year of Make  Chassis No Engine No.  Type of Body Colour  Date vehicle first registered (from Log Book)  Date of last service By whom  Mileage at time of loss  Marks and other special feature to help establish identity  Date of purchase Purchase price  Estimated value at time of loss  Name and Address of Owner  Is Vehicle subject to a Hire Purchase Agreement?  State name and address of Finance Co. |

**MOTOR VEHICLE THEFT CLAIM FORM**

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| **PERSON IN CHARGE**  **CIRCUMSTANCES OF LOSS**  **POLICE REPORT**  **IF VEHICLE AND/OR ACCESSORIES RECOVERED** | Name.................................................................................................................................................................................  Address .....  Occupation Date of Birth  For what purpose was the vehicle being used?  .....................................................................................................................................................................................  Was the vehicle being used with you permission?................................................................................................................  Date Time **OF LOSS**  Place  How long had the vehicle been unattended?  Were all the vehicle doors locked?  How was the vehicle otherwise immobilised?  State fully what happened………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………….  …………………………………………………………………………………………………………………………………….  Do your suspicions rest upon anyone and if so on whom?.. .................................  Police Station to which loss was reported……………………………………………………………………  Date and time of report ……………………………………………………………………………………..  Police “Criminal Report” No. ………………………………………………………………………………..  Date recovered ……………………………………….Time………………………………………………….  Where found …………………………………………………………………………………………………..  Nature of damage (please forward estimate for repairs)………………………………….…………………..  …………………………………………………………………………………………………………………..  ………………………………………………………………………………………………………………….  Where is the vehicle now lying and in whose charge?.....................................................................................  …………………………………………………………………………………………………………………  Are there any other insurance in force upon the vehicle?..................................................................................  If so, please supply details ……………………………………………………………………………………  ………………………………………………………………………………………………………………..  N.B WHERE RETURNING THIS FORM PLEASE ENCLOSE THE LOG-BOOK  I Declare that these particulars are true and correct.  Date……………………………………….Signature Insured……………………………………… |