



Your Risk Solution Partners

Please complete and return to:
 claims@insurazoriskpartners.co.za
 Tel: 072 556 5741

MOTOR THEFT CLAIM FORM

INSURER

| | |
|------------|-----------|
| Insurer: | Broker: |
| Policy No: | Claim No: |

INSURED

| | |
|--------------|------------|
| Insured: | |
| Address: | |
| Tel No: | Mobile No: |
| Identity No: | Email: |

VEHICLE DETAILS

| | | |
|-------------------------------------|-------------|-------|
| Make: | Model: | Year: |
| Registration: | Kilometers: | |
| Date of Purchase: | Price Paid: | |
| Date of Last Service: | Engine No: | |
| Color: | Chassis No: | |
| Registered Owner: | | |
| Is the vehicle subject to HP/Lease: | | |
| Financial Company: | Tel No: | |

THEFT DETAILS

| | |
|---|--|
| Date: | Time: |
| Place: | |
| Police Station: | Case No: |
| Was Alarm Activated? Yes No | Was vehicle locked? Yes No |
| Details of any identifying marks: | |
| Description of circumstances: | |

DECLARATION: I/We hereby declare that the foregoing particulars including the stated loss are true and correct in every respect.

| | |
|-----------------------|-----------|
| Signature of Insured: | Capacity: |
| | Date: |