



GARY LEECH INSURANCE BROKERS

janet@garyleech.co.za Fax: 0866 137 454 Tel: 031 202 4161

MOTOR THEFT CLAIM FORM

1. INSURED INFORMATION

Name :	Contact Tel No :	e-mail :
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2. VEHICLE DETAILS

Year :	Make :	Model :
Reg no. :	Kilometers :	
Registered Owner :	Anti-theft devices :	

3. FINANCE COMPANY DETAILS

Is the vehicle financed :	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please complete the section below:
Name of Finance Company :	Account Number :	

4. DRIVER DETAILS

Full Name :	Contact no. :	ID no. :
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5. DETAILS OF THEFT

Date :	Time :	Place of Theft :
Circumstances *Please provide a full description of the incident		
Details of any non-factory fitted items stolen :	Item Description	
Item no. 1		
2		
3		

6. POLICE DETAILS

Police Reference No. :	Date reported :	Station :
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***CASES MUST BE REPORTED TO THE SAPS WITHIN 24 HRS OF THE INCIDENT**

7. PAYMENT METHODS

Name of Account Holder :	Bank :	Branch :
Account Number :	Account Type :	

7. DECLARATION

***Please ensure both signatures are provided**

We hereby declare the foregoing particulars to be true in every respect

----- Signature of Driver	----- Date	
----- Signature of Insured	----- Capacity	----- Date

NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST, DEMAND

PLEASE NOTE YOU WILL BE REQUIRED TO PROVIDE US WITH KEYS & REMOTES, REGISTRATION CERTIFICATE & A POLICE STAMPED SAP21 FORM (ATTACHED)