MOTOR THEFT CLAIM FORM

cib INSURANCE

INSURER

Insurer | Policy No.

INSURED

Company Name / Surname & Initials

Physical Address _____ Code _____

Postal Address _____ Code _____

Identity No. | Occupation / Business

Vat No. | Business Tel No. | Home Tel No.

VEHICLE

Reg No.	Make	Model
Year	Kilometres	Vehicle I.D. No.
Date purchased	Price paid	Chassis No.
Engine No.	Exterior Colour	Interior Colour

FINANCE COMPANY

Name | Branch

Account No. | Agreement Type

Outstanding amount

OWNER

Surname & Initials

Identity No.

THEFT

Date	Time	Place
Police Station	Date Reported	Reported By

Circumstances

(cont)

THEFT (cont)

Circumstances (cont)

Was the vehicle locked ☐ YES ☐ NO

If NO, give reasons

Details of Stolen Accessories (please attach invoices)

Are these separately insured ☐ YES ☐ NO

Anti-Theft / Vehicle Recovery Device (PLEASE ATTACH PROOF OF DEVICE)

Make	Fitted by	Date

Window Marking No.	Applied by

Details of scratches, dents, defects on vehicle

Details of other features which would assist identification

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE

DECLARATION

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

Signature of insured	Capacity

Date d a y / m o n t h / y e a r