



Motor Theft Claim Form



Cross Country Insurance Consultants CC
Registration number: CK 2008/013847/07
VAT Number: 4020252203
Authorised Financial Services Provider

1 Insured

Policy number

Claim number

2 Broker

Broker name

Claim number

Policy number

3 Insured

Company name/surname and initials

Company registration number

VAT number

Identity number

Occupation or business

Physical address

Postal code

Postal address

Postal code

Telephone

Business

Home

Cell

4 Vehicle

Make

Model

Year

Registration number

Registration

Value

Kilometers completed

Vehicle identification no. (VIN)

Chassis number

Engine number

Exterior colour

Interior colour

5 Finance company

Name

Branch

Account number

Outstanding amount

Type of agreement

6 Owner

Name

Identity number

7 Theft

Date Time

Place

Police station reference number Date reported

Circumstances
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.....
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.....
.....
.....

Was the vehicle locked? If not give reasons
.....
.....

Details of stolen accessories. (Please attach invoices). Are these separately insured?
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.....
.....

Anti-theft/vehicle recovery device details

Date Make

Fitted by

Details of window markings

Number Applied by whom

Details of scratches, dents, defects
.....
.....

Details of other features which would assist identification
.....
.....
.....

Please attach proof of device

Please attach the vehicle keys, a copy of the registration certificate, and the last service invoice

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

8 Payment method

You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of bank Branch

Name of account Account No.

9 I/We hereby declare the foregoing particulars to be true in every respect.

Capacity Signature of Insured

Date

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

Cross Country Insurance Consultants CC
Registration number: CK 9867825/23
Authorised Financial Services Provider
FSP No. 5011



C1EZ (08/07)