

## Holburn Insurance Brokers

Unit 4 Tasica House, 12 Charles Way, PO Box 497, Kloof 3640 | Tel 031 764 3870 | Fax 086 521 4377 | **www.holburn.co.za** Established 1983 | FSP Licence No. 30634

## MOTOR THEFT CLAIM FORM

INSURED	Company Name / Surname and Initials			
	Company Registration Number			
	Identify Number			
	VAT Number			
	Occupation or Business			
	Physical Address			
	Postal Address			
	Email Address			
		Business/Cellular	Home	Fax No.
	Telephone No.			
	Make			
	Model			
	Year			
Ш	Registration Number			
₽	Kilometres completed			
VEHICLE	Vehicle Identification No.			
>	Chassis No.			
	Engine No.			
	Exterior Colour			
	Interior colour Name			
	Branch			
5 K	Account Number			
FINANCE HOUSE	Type of Agreement			
≓₹	Outstanding Amount			
_	outstanding / intount			
	Registered Owner			
22	5			
OWNER				
M	Identity Number			
0				
	Driver of Vehicle			
	Physical Address			
~				
μ Έ Έ	Deletienskin (* 15-15-55)			
DRIVER	Relationship to the Insured			
	Telephone Number			

ТНЕFT	Date of Theft	
	Time	
	Place	

## THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY



	Police station & reference		
	number		
	Date reported		
	Reported by		
	<i>(</i> )		
	Circumstances		
	sta		
	Ë		
	cn		
	i.		
	e e		
	Details of Stolen accessories		
	(please attach		
	invoices/quotations)		
	Anti Thoft/Vahiala racovany		
	Anti-Theft/Vehicle recovery	Make:-	
	device details	Make:-	
		Make:-	
		Fitted by:	
		Fitted by: Date:-	
	device details	<i>Fitted by:</i> Date:- PLEASE ATTACH PROOF (	OF DEVICE
		Fitted by: Date:-	OF DEVICE
	device details	<i>Fitted by:</i> Date:- PLEASE ATTACH PROOF (	OF DEVICE
	device details Witnesses	<i>Fitted by:</i> Date:- PLEASE ATTACH PROOF (	OF DEVICE
	device details	<i>Fitted by:</i> Date:- PLEASE ATTACH PROOF (	DF DEVICE
	device details Witnesses Telephone Number	Fitted by: Date:- PLEASE ATTACH PROOF ( Name & Address	
	device details           Witnesses           Telephone Number           Details of window	<i>Fitted by:</i> Date:- PLEASE ATTACH PROOF (	OF DEVICE Applied by:
	device details Witnesses Telephone Number Details of window markings	Fitted by: Date:- PLEASE ATTACH PROOF ( Name & Address	
	device details Witnesses Telephone Number Details of window markings Details of scratches, dents,	Fitted by: Date:- PLEASE ATTACH PROOF ( Name & Address	
	device details Witnesses Telephone Number Details of window markings	Fitted by: Date:- PLEASE ATTACH PROOF ( Name & Address	
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	device details Witnesses Telephone Number Details of window markings Details of scratches, dents, defects Details of other features which would assist identification Please attach the Keys	Fitted by: Date:- PLEASE ATTACH PROOF ( Name & Address Number: S, a copy of the Registration	Applied by: Certificate, and the last service invoice
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