



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			
	<i>Email Address</i>			
<i>Telephone No.</i>	Business/Cellular	Home	Fax No.	
VEHICLE	Make			
	<i>Model</i>			
	<i>Year</i>			
	<i>Registration Number</i>			
	<i>Kilometres completed</i>			
	<i>Vehicle Identification No.</i>			
	<i>Chassis No.</i>			
	<i>Engine No.</i>			
	<i>Exterior Colour</i>			
	<i>Interior colour</i>			
FINANCE HOUSE	<i>Name</i>			
	<i>Branch</i>			
	<i>Account Number</i>			
	<i>Type of Agreement</i>			
OWNER	<i>Outstanding Amount</i>			
	<i>Registered Owner</i>			
	<i>Identity Number</i>			
DRIVER	<i>Driver of Vehicle</i>			
	<i>Physical Address</i>			
	<i>Relationship to the Insured</i>			
	<i>Telephone Number</i>			

THEFT	Date of Theft	
	<i>Time</i>	
	<i>Place</i>	

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

	Police station & reference number		
	Date reported		
	Reported by		
	Circumstances		
	<i>Details of Stolen accessories (please attach invoices/quotations)</i>		
<i>Anti-Theft/Vehicle recovery device details</i>	Make:-		
	<i>Fitted by:</i>		
	Date:-		
	PLEASE ATTACH PROOF OF DEVICE		
Witnesses	Name & Address		
Telephone Number			
Details of window markings	<i>Number:</i> <i>Applied by:</i>		
<i>Details of scratches, dents, defects</i>			
<i>Details of other features which would assist identification</i>			
<i>Please attach the Keys, a copy of the Registration Certificate, and the last service invoice</i>			
Declaration	I/We declare the foregoing particulars to be true in every respect.		
	Signature of Insured	Capacity Date	
	_____	_____	

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY