



ASSOCIATED INSURANCE BROKERS

Reg No 2004/022911/07

33 Scott Street Waverley Johannesburg South Africa
 P O Box 785063 Sandton 2146 South Africa
 Telephone +27+(0)11 883 2400 e-mail aibclaims@icapital.co.za



MOTOR THEFT CLAIM FORM

POLICY NUMBER		
INSURED: Company name / surname and initials		
Company registration number		
Identity number		
VAT number		
Occupation or business		
Physical address		
Postal address		
Telephone numbers:	Home	Business
VEHICLE		
Make		
Model		
Year		
Registration number		
Kilometres completed		
Vehicle identification No.		
Chassis No.		
Engine No.		
Exterior colour		
Interior colour		
FINANCE COMPANY		
Name		
Branch		
Account No.		
Type of agreement		
Outstanding amount		
OWNER		
Name		

Identity number		
THEFT Date & Time		
Circumstances		
Place/address where theft occurred.		
Was the vehicle locked? If not, give reasons		
Details of stolen accessories - are these separately insured? (please attach invoices)		
Police details	Police Station	
	Case number	
	Date reported	
Anti-theft/vehicle recovery device details (Please attach proof of device)	Make	
	Fitted By	
	Date	
Details of window markings	Number	
	Applied by whom	
Details of scratches, dents, defects		
Details of other features which would assist identification		
PLEASE FORWARD THE VEHICLES KEYS (AND SPARE KEYS), A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE.		
PAYMENT METHOD		
You may select for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.		
Name of Bank	<input type="text"/>	
Name of Account	<input type="text"/>	
Branch	<input type="text"/>	
Account Number	<input type="text"/>	
DECLARATION		
I/We hereby declare the foregoing particulars to be true in every respect.		
Signature	Capacity	Date