



Holburn Insurance Brokers

Sirius House, 2 Charles Way, Kloof, 3610
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FSP Licence No. 30634

Established 1983



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

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

THEFT	Date of Theft	
	<i>Time</i>	
	<i>Place</i>	
	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>		
Please attach the Keys, a copy of the Registration Certificate, and the last service invoice		
Declaration	I/We declare the foregoing particulars to be true in every respect.	
	Signature of Insured	Capacity
	_____	_____
		Date
