CRAWFORD DOUGALL

INSURANCE BROKERS

MOTOR THEFT CLAIM FORM

BROKER:	POLICY NO:
INSURER:	CLAIM NO:

1. INSURED

Name:	Occupation:
Identity no:	
Address:	
Day contact no.	Contact person:

2. VEHICLE

Make:	Model:	Year:	KMs completed:
Reg no:		Value:	
Date of purchase:			Price paid:
Details of stolen accessories (please attach invoices):			
Anti-theft device details:			Make of device:
Fitted by:			Date fitted:
Is the vehicle subject to Hire Purchase, Credit or Leasing Agreement?			
Finance company:		Type of agreement:	
Account no:		Amount:	
In whose name is the vehicle registered? (please attach a copy of registration certificate)			

3. THEFT

Date of theft:	Time of theft:	Place of theft:			
Date of reported:		By whom:			
Police station + ref no:		Was vehicle locked?	Yes		No
Circumstances of theft:					