

## Motor theft claim form

### Consent to processing of personal information

I/We consent to the personal information provided by the policyholder or its representatives in terms of this insurance claim:

1. Will be used by the insurer, its employees and agents for the purposes of regulatory compliance to the various Legal Categories as stipulated in the Company's Information Manual.
2. Will be used by the insurer, its employees and agents for the purposes of processing the insurance claim.
3. Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
4. May be verified against legally recognised sources or databases (including credit bureaus).

### Broker details

Broker name	Policy number: Jhb
Claim number: Jhb	Certificate number

### Insured/driver details

Full name and surname	ID
Licence details	
Company name	Occupation or business
Company registration number	VAT number
Address and code	
Postal and code	

Work tel	Fax	Home tel	Cell
Email			

#### Finance company

Name	Branch
Account number	Type of agreement

#### Vehicle details

Make	Year	Model
Registration number	Kilometres completed	
Date of last service	Service company	
Vehicle ID number	Chassis number	
Engine number	Exterior colour	Interior colour
Registered owner name and surname		ID

#### Theft

5. Please attached proof of anti-theft device			
6. Please attach both sets of the vehicle keys, a copy of the registration certification and the last service invoice			
Date	Time		
Place			
Police station	Case number	Date reported	
Was the vehicle locked?	Yes	No	If not, why?
Was alarm activated?	Yes	No	If not, why?
Anti-theft device	Yes	No	If yes, please give the following details:
Make	Fitted by	Date	
Details of window markings			
Details of scratches, dents and defects			
Other features, which assist with identification			

## Declaration

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signed at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Date

Signature of the driver

Capacity

Date

Signature of the insured