



**MOTOR THEFT / ATTEMPTED THEFT / STOLEN & RECOVERED CLAIM FORM (2 PAGES)**

		Insurer	
LIMPSURE INSURANCE CONSULTANTS		BROKER / AGENT	
		POLICY NO.	
		Name and Occupation	<b>Insured</b>
		ID no / VAT Registration no. (where applicable)	
		Address and (Day) Tel No.	
		Cell No. and E-mail Address	
		Make	<b>Vehicle</b>
		Model	
		Year	
		Registration Number	
		Kilometres	
		Date Purchased and Price Paid	
		Vehicle Identification No. (VIN)	
		Chassis No	
		Engine No	
		Exterior Colour & Interior Colour	
		Name	<b>Finance Company</b>
		Branch	
		Account Number	
		Agreement Type	
		Outstanding Amount	
		In whose name is the vehicle registered? (Please attach a copy of the registration certificate)	<b>Registered Owner</b>
		Identity Number	
		Have you previously suffered a loss or damage? If so, give details	<b>Previous Loss / Damage</b>
		If insured, provide name of Insurer	

			Date / Time / Place	<b>Theft</b>
			Police Ref. No. and Station and date reported	
			Reported by	
			Circumstances of the theft	
			Was the vehicle locked? If not, give reasons.	
			Details of stolen accessories (please attach invoices). Are these separately insured?	
			Anti-Theft / Vehicle Recovery Device Make	<b>Theft</b>
			Fitted By	
			Date	
<b>PLEASE ATTACH PROOF OF DEVICE</b>				
			Details of Window Markings – Number and Applied by Whom	
			Details of scratches, dents and defects on vehicle	
			Details of other features which would assist identification	
			Who is in possession of the vehicle keys?	
<b>PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE</b>				
<p>It is recommended that any amount payable to you direct be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please provide the following information:</p> <p><b>ASSIGNMENT: I/We acknowledge that the party hereby authorized to effect a credit against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized</b></p> <p>NAME OF BANK: _____ BRANCH NO. _____</p> <p>NAME OF ACCOUNT: _____ ACCOUNT NO. _____</p> <p>YOUR SIGNATURE: _____</p>				<b>Authority for payment</b>
<p>I/We solemnly declare the foregoing particulars to be true in every respect.</p> <p>Insured's Signature: _____ Capacity: _____ Date: _____</p>				<b>Declaration</b>