

AFRICAN MOTOR UNDERWRITERS MOTOR THEFT CLAIM FORM

INSURED	CLAIM NUMBER	
	POLICY NUMBER	
	NAME	
	IDENTITY NUMBER	
	OCCUPATION	
	ADDRESS	
	PHONE NUMBER (W) (H)	
	CONTACT PERSON	
VEHICLE	MAKE	
	MODEL	
	YEAR & REGISTRATION NUMBER	
	KILOMETRES COMPLETED	
	DATE OF PURCHASE AND PRICE PAID	
	ANTI-THEFT DEVICE DETAILS	
	MAKE	
	FITTED BY AND DATE	
	DETAILS OF WINDOW MARKINGS	
	NUMBER	
	APPLIED BY WHOM	
	FINANCING DETAILS	
	FINANCE CO./BR.	
	TYPE OF AGREEMENT & AGREEMENT NUMBER	
	AMOUNT OWING	
	IN WHOSE NAME IS THE VEHICLE REGISTERED? (PLEASE ATTACH COPY OF REGISTRATION CERTIFICATE)	

THEFT DETAILS	DATE, TIME AND PLACE OF THEFT		
	WHAT WAS STOLEN?	VEHICLE AND ACCESSORIES <input type="checkbox"/>	
		ACCESSORIES ONLY <input type="checkbox"/>	
	DETAILS OF STOLEN ACCESSORIES (PLEASE ATTACH INVOICES)		
	POLICE/SAP REF. STATION NO.		
	CIRCUMSTANCES OF THEFT/ HI-JACKING		
WAS VEHICLES LOCKED?			
IDENTIFICATION	IF VEHICLE STOLEN PLEASE COMPLETE THIS BLOCK	CHASSIS NUMBER:	
		ENGINE NUMBER:	
		EXTERIOR COLOUR:	
		INTERIOR COLOUR	
		DETAILS OF SCRATCHES / DENTS/ DEFECTS	
		DETAILS OF PERSONAL / HIDDEN IDENTIFICATION MARKS	
		WOULD ASSIST IDENTIFICATION	
	WHO IS IN POSSESSION OF VEHICLE KEYS?		
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.		
	Signature of insured: _____ Capacity: _____ Date: _____		
The issue of this form is not an admission of liability.			