



# SRIC

Ensuring your tomorrow, today.

## MOTOR VEHICLE THEFT CLAIM FORM

### POLICY DETAILS

FAILURE TO FULLY ANSWER ALL QUESTIONS MAY PREJUDICE ANY CLAIM

Claim No.

### PERSONAL DETAILS

Name of Insured

Address

Occupation

Telephone No

Mobile No

Email Address

### VEHICLE DETAILS

Registration Number

Horsepower or Capacity

Make

Model

Chassis Number

Engine Number

Year of Make

Type of Body

Colour

Odometer Reading

Date of Last Service

DD / MM / YYYY

Where?

Any marks which will establish identification?

Was a burglar alarm fitted and in operation? Yes  No

Had the windows been sandblasted with Registration Number? Yes  No

Are there any other anti-theft devices? If so, describe.

Name any other person, firm or company who has financial interest in the vehicle or any article stolen and state amount

Who is the owner of the vehicle concerned?

For what purpose was the vehicle being used immediately prior to the theft?

Name of the person in charge at the time of the theft.

Age

Address of the person in charge at the time of the theft.

Was he/she licenced to drive the vehicle concerned? Yes  No

(copy of licence required)

Is he/she in your service? Yes  No

If so, state how long.





**FOR USE WHERE VEHICLE HAS BEEN RECOVERED**

When and where was vehicle recovered?

Particulars of damage to Insured vehicle

Address where it can be seen

Tel No.

Repairer's Name

Repairer's Address

(In all cases where your vehicle has been damaged and you are entitled to claim under the Policy, please send an estimate for repairs to us)

I declare the foregoing particulars to be true and complete and undertake to render every assistance in my power in dealing with the matter.

Date

DD / MM / YYYY

Signature