

MOTOR THEFT CLAIM FORM

THE INSURED

"N/A" means "Not Applicable"

Name: _____	Contact #s: _____
Home Address: _____	
Occupation: _____	Employer/Business Name: _____
Employer/Business Address: _____	
Contact #s: _____	Email Address: _____

VEHICLE INFORMATION

Policy #: _____	Year: _____	Make: _____
Reg. #: _____	Colour: _____	Model/Type: _____
Was there any unrepaired damage prior to the theft? <input type="checkbox"/> Y <input type="checkbox"/> N If so, give details: _____		
Were there any modifications? <input type="checkbox"/> Y <input type="checkbox"/> N If so, give details: _____		
Distinguishing marks? <input type="checkbox"/> Y <input type="checkbox"/> N If so, give details: _____		
Special fittings and accessories? <input type="checkbox"/> Y <input type="checkbox"/> N If so, please state: _____		
Has the vehicle been recovered? <input type="checkbox"/> Y <input type="checkbox"/> N If so, in what condition: _____		
Where can the vehicle be inspected? _____		
Name and Address of any Bank or Company financially interested in the vehicle: _____		

USE OF VEHICLE

State the exact purpose for which the vehicle was being used at the time of the theft: _____	
Were goods being carried? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, state the nature of the goods: _____ and weight of load: _____
How many persons including the driver were in the vehicle? _____	Were they charged a fee to be transported? <input type="checkbox"/> Y <input type="checkbox"/> N
If the vehicle was driven by a person other than the Insured, with whose permission was it being used? _____	
Was the Insured in the vehicle when the theft occurred? <input type="checkbox"/> Y <input type="checkbox"/> N	

THE THEFT

Date of theft: _____	Time: _____	Place: _____
Was it a hold up? <input type="checkbox"/> Y <input type="checkbox"/> N	Would you be able to identify the person or persons? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, please state: _____		
Were there any Witnesses? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, please give information below:	
Witness #1 Name: _____	Witness #1 Contact #: _____	
Witness #2 Name: _____	Witness #2 Contact #: _____	
Name of Policeman: _____	Badge #: _____	
The Station concerned: _____		
Date Reported: _____	Time: _____	

If claim is for loss of parts, tyres, etc., please complete the following:

Description of Items	Price Paid	Where Purchased	Date Purchased	Amount Being Claimed

THE DRIVER ☐ or **CUSTODEE** ☐ (Please select appropriate box)

Name: _____	Contact #s: _____
Home Address: _____	
Occupation: _____	Employer/Business Name: _____
Driver's Licence Number: _____	Date issued: _____ Driving experience: _____
Type of Licence: _____	Previous Accidents: _____
What is the relationship between the Insured and the Driver? _____	

[illegible]

Date: _____

Insured's Signature: _____

Driver's Signature: _____

Witness' Name: _____

Witness' Signature: _____