

INSURANCE UNDERWRITING MANAGERS

"Advanced Insurance Solutions"

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Insurance Underwriting Managers (Pty) Ltd. is an authorised Financial Services Provider. FSP No 21820 Reg No 2004/022210/07 VAT No 4870217959



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38 Whittakers Way, Bedfordview 2007
Private Bag x10, Gardenview 2047

MOTOR THEFT CLAIM FORM

Insured	Claim Number				
	Policy Number				
Broker	Broker Name		Claim No:		
	Policy Number				
Insured	Company Name / Surname & Initials				
	Company Registration Number				
	Identity Number				
	VAT Number				
	Occupation or Business				
	Physical Address				
	Postal Address				
	Telephone Numbers		Business		Cell
		Home			
Vehicle	Make				
	Model				
	Year				
	Registration Number				
	Kilometers Completed				
	Vehicle Identification No. (VIN)				
	Chassis Number				
	Engine Number				
	Exterior Colour				
Interior Colour					
Finance Company	Name				
	Branch				
	Account Number				
	Type of Agreement				
	Outstanding Amount				

Owner	Name			
	Identity Number			
Theft	Date / Time / Place			
	Police Station / Reference No Date Reported / Reported By			
	Circumstances			
	Was the vehicle locked? If not, give reasons.			
	Details of stolen accessories. (Please attach invoices) Are these separately insured?			
	Anti-Theft / Vehicle Recovery Device Details		Make	
			Fitted by	
			Date	
	PLEASE ATTACH PROOF OF DEVICE			
Details of window markings		Number		
		Applied by whom		
Details of scratches, dents, defects				
Details of other features which would assist identification				
PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE, AND THE LAST SERVICE INVOICE				
Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.				
Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.			
	Name of Bank:		Branch: _____	
	Name of account:		Account No: _____	
Declaration	I/We hereby declare the foregoing particulars to be true in every respect.			
	Insured Signature _____ Capacity _____ Date _____			