OLEA
INSURANCE SOLUTIONS AFRICA

MOTOR THEFT CLAIM

Insured and broker details

Policy number: _____ Name of Insurer: _____

Insured: Name: _____ ID no./Co. reg. no.: _____

Occupation: _____ Daytime tel. no.: W: _____ H: _____

Email address: _____ Cell: _____ Fax: _____

Physical address: _____

_____ Code: _____

Contact person: _____

Finance Company

Account number: _____ Name of account holder: _____

Name of institution: _____ Branch: _____

Type of agreement: _____ Amount: R _____

Is the registration certificate attached? Please select

If financed, have you requested the registration certificate from the finance house? Please select

Registered owner of vehicle

Name: _____ ID no./Co. reg. no.: _____

Vehicle

Manufacturer: _____ Model: _____ Year: _____

Kilometres completed: _____ Registration number: _____

Engine number: _____ Vin/Chassis number: _____

Date of purchase (dd/mm/yyyy): _____ Price paid: R _____

Date of last service (dd/mm/yyyy): _____ Component numbers: _____

In whose name the vehicle is registered? _____

Identifying features

For example window markings or markings on body work:

Details of scratches, personal hidden identification marks, other features which would assist identification:

Extras (Please supply proof of purchase):

Colour: Exterior: _____ Interior: _____

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Security Details

Type of security: Factory-fitted

If tracking is installed

Make: _____ Model: _____ Year installed: _____

When was theft reported to tracking company (dd/mm/yyyy): _____ Time reported (hh:mm): _____

Person spoken to: _____ Reference no.: _____

Fitted by and date: _____ * Attach proof of device.

Theft Details

Date of theft (dd/mm/yyyy): _____ Time of theft (hh:mm): _____

Physical address where theft took place:

_____

What was stolen: _____

Police station: _____ Case no.: _____ Name of officer: _____

Date reported to Police (dd/mm/yyyy): _____ Reported by: _____

Driver's name/Person responsible for vehicle: _____

Date of birth: _____

Contact number: H: _____ Cell: _____ W: _____

Was the vehicle locked? Please select

If not, give reasons: _____

Who is in possession of the vehicle keys? _____

Circumstances of loss (Please supply a detailed description of how the loss occurred)

_____

Declaration

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that the Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Protection of personal information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signature of Insured	Capacity	Date (dd/mm/yyyy)

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING RECOVERY. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.