



MOTOR FIRE/ ATTEMPTED THEFT/ THEFT CLAIM FORM
 (Delete Sections not applicable)

INSURED: NAME..... Policy No.....
 ADDRESS.....
 Box No.....
 OCCUPATION..... Tel No. (Home).....
 E-Mail Address..... Bus.....
 Cell Phone.....

VEHICLE: Make..... Registration No.....
 Engine No..... Chasis No..... Horse
 Power.....
 Model & Year..... Mileage.....
 Market Value..... Date of Purchase & Price Paid.....
 In whose Name is Vehicle Registered.....
 In whose charge was the vehicle at the time of the loss.....

DETAILS OF LOSS Date of Loss..... Time of Loss.....
 Place where loss occurred.....
 Do your suspicions rest upon anyone and if so whom.....

 Have you informed the Police YES/NO
 Name and Address of Police Station.....
 State action, if any, taken by you to protect vehicle and/or contents from loss

 Do you hold any other insurance covering any part of the loss
 Explain fully the circumstances of the loss. If any article has been recovered give full
 details

DAMAGE TO VEHICLE IF RECOVERED:
 Details.....

 Repairer's Name, Address and Telephone No.....

 Have you obtained an estimate for repairs YES/NO Amount of Estimate \$.....
 Have you instructed repairs to be carried out.....
 Where can vehicle be inspected.....

 Repairer's detailed estimate should, if possible accompany this Form.

