



Factory & Industrial
PROTECTING THE VALUE BUSINESS CREATES

MOTOR THEFT CLAIM FORM

INSURED

Name of Insured		
Physical Address		Postal Address
Code		Code
Policy No.		
Vat No.	Business Tel No.	Home Tel No.

INSURED

Company Name / Surname & Initials		
Physical Address		Postal Address
Code		Code
Identity No.		Occupation / Business
Vat No.	Business Tel No.	Home Tel No.

VEHICLE

Reg No.	Make	Model
Year	Kilometres	Vehicle I.D. No.
Date purchased	Price paid	Chassis No.
Engine No.	Exterior Colour	Interior Colour

FINANCE COMPANY

Name	Branch
Account No.	Agreement Type
Outstanding amount	

OWNER

Surname & Initials
Identity No.

THEFT

Date	Time	Place
Police Station	Date Reported	Reported By
Circumstances		
(cont)		

FACTORY & INDUSTRIAL CLAIMS CONTACT CENTRE: 011 615 1640

THEFT (cont)

Circumstances (cont)

Was the vehicle locked

☐

YES

☐

NO

If NO, give reasons

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Details of Stolen Accessories (please attach invoices)

Are these separately insured

☐

YES

☐

NO

Anti-Theft / Vehicle Recovery Device (PLEASE ATTACH PROOF OF DEVICE)

Make

Fitted by

Date

Window Marking No.

Applied by

Details of scratches, dents, defects on vehicle

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Details of other features which would assist identification

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DECLARATION

I/We hereby declare that, to my best of my/our knowledge and belief, the foregoing particulars are true and correct and that I/We undertake to render Factory & Industrial every assistance in my/our power in dealing with the matter.

Signature of insured

Date d a y / m o n t h / y e a r

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE

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