







Cross Country Insurance Consultants (Pty) Ltd Underwritten by Renasa Insurance Company Limited Cross Country is an Authorised Financial Services Provider 39547 Registration Number: 2008/013847/07 | VAT Number: 4020252203

Tel No: 011 215 8800 | Fax No: 011 476 8205 | website: www.ccic.co.za

## MOTOR THEFT CLAIM FORM

			Insu	red					
Policy No				Claim No					
			Bro	ker					
Broker Name									
Claim Numbe	r								
Policy Numbe	r								
			Insu	red					
Company Na	me/Surname a	nd Initials							
Company Registration Number									
VAT Number				Identity number					
Occupation or Business									
Physical Addre	ess								
					Postal	Code			
Postal Address	S								
					Postal	Code			
Telephone		Business		Но	me		Cel	1	
			Veh	icle					
Make				Model					
Year				Registration Number					
Registration				Value					
Kilometers Completed				Vehicle Identication Number (VIN)					
Chassis Number				Engine Number					
Exterior Colour				Interior Colour	-				
			Finance o	company					
Name				Branch					
Account Number			Outstanding Amount						
Type of Agree	ement								
Owner									
Name		Identity Number							
Theft									
Date	D D M	M Y	F A R	Time					

Place												
Police Station Reference Nu	mber		Date Reported	D	D	M	M	Y	E	A	R	
Circumstances												
Was the vehicle locked? If not give reasons												
Details of stolen accessories. (Please attach invoices). Are these separately insured?												
Anti-theft/vehicle recovery	D M M Y E	A R										
		Fitted by										
		Make										
Details of window markings	Number											
	Applied b	y Whom										
	Details of	scratches, dent	s, defects									
Details of other features which would assist identication												
Insurers share information w	nformation reg	arding the asse	ssment of risks propo								nt	
the Consent Clause on the p	oolicy schedule											
Vou may sale at for added a	ogurity for pa		t method	b o m	ada	diroo	th, int		ank			
You may select, for added s account. Please specify the			me of account and					——				
Name of Bank			Branch				Т.					
Name of Account			Account Number								Ш	
		Deck	aration									
I/We hereby declare the foregoing particulars to be true in every respect.												
	Date		Capacity			Sign	ature	of In	surec	<u>k</u>		
	Date		Name of last Drive	-			ature					
N.B. IT IS IMPORTANT THAT YO	OU NOTIFY THE	INSURERS IMMED	DIATELY YOU BECOM	E AWA	RE C	FAN	Y IMP	ENDI	NG			

PROSECUTION, INQUEST OR DEMAND