

MOTOR THEFT CLAIM FORM

VOICELOG (if applicable)			
Voice Log Date			
Voice Log Time			
Telephone Extension			
Incoming/Outgoing Call	<input type="checkbox"/>	Incoming	<input type="checkbox"/>
			Outgoing

INSURED												
Policy Number												
ID Number												
Name and Surname												
Occupation												
Address												
Phone Number												
Email Address												

VEHICLE			
Make and Model			
Year		Registration Number	
Date of Purchase			
State if subject to Hire Purchase, Credit or Leasing Agreement			<input type="checkbox"/>
			YES
			<input type="checkbox"/>
			NO
If YES, state name of Finance Company			
In whose name is the vehicle registered?			
Relationship of vehicle owner to insured			

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Quicksure (Pty) Ltd Reg No 99/24616/07 | Vat No 4450149051 | FSP No 16902
DIRECTORS JE Bunting (Executive Chairman), S Rajab (Chief Executive Officer),
MJE Geidenhuys (Chief Financial Officer), PE Jacobs (Director)

Motor Theft claim form

DETAILS OF THEFT						
Date of theft						
Time of theft						
Place of theft						
What was stolen?	<input type="checkbox"/>	Vehicle only	<input type="checkbox"/>	Accessories only	<input type="checkbox"/>	Vehicle and accessories
Details of stolen accessories						
Details of theft						

POLICE DETAILS	
Police Reference Number	
Date Reported	
Police Station	

VEHICLE IDENTIFICATION	
Chassis number	
Engine number	
Exterior colour	
Interior colour	
Details of scratches/dents/defects	
Details of other features that would assist identification	
Who is in possession of vehicle keys?	

DECLARATION	
I/We hereby declare the above particulars to be true in every respect.	
Signature of Insured _____	Date _____