



# SHORT TERM BROKERS

Value. Service. Trust

Short Term Brokers is an authorised financial services provider – FSP no. 10670

## MOTOR THEFT CLAIM FORM

Insurer:	Policy Number:	Claim Number:
Insured name:	ID Number:	
Occupation / Business:	Day time Tel number:	
Address:		
Vehicle Details:	Make and model:	Year:
	Registration number:	Date purchased:
	Value:	Purchase price:
Interior colour:	Kilometers:	
Exterior colour:		
Engine number:	Chassis number	
If subject to Hire Purchase, Credit or Leasing Agreement, state name and details of finance company below:		
Date of theft:		
Time of theft:		
Place where vehicle was stolen:		
Was the vehicle locked? YES / NO		
Provide a description of the incident:		
Police details	Station:	Case number:
	Date reported:	Officer name:
	Reported by:	
Anti-theft device		
Was the vehicle equipped with an immobiliser?	YES / NO	Type of device:
Was the vehicle equipped with a gearlock?	YES / NO	Type of device:
Was the vehicle equipped with a tracking device?	YES / NO	Type of device:
Were any items in the car at the time of the theft?	Item	Value



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Does the vehicle have any distinguishing features that could assist location and identification? YES / NO

If YES, please describe:

Please provide the following items without delay:

Vehicle's spare keys, a copy of the registration certificate and the last service invoice (if possible)

**DECLARATION: I / We hereby declare the foregoing particulars to be true in every respect.**

Date:

Signature of insured: