

van Flymen & Associates (Pty) Ltd.



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MOTOR THEFT CLAIM FORM

INSURER				INSURER		INTERNAL				
POLICY NO.		CLAIM REF								
INSURED	Name									
	Identity Number									
	Occupation / Business									
	Address and (Day) Phone no.									
	E-mail address									
	Contact Person									
VEHICLE	Make		Model		Year		Registration			
	Kilometres Completed			Date of Purchase and Price paid						
	Anti Theft device details		Make		Fitted by and Date					
	Financing Details		Finance Co./Br.		Type of Agreement		Account No.		Amount outstanding	
	Registered Owner?					Copy of Reg. Cert.		YES <input type="checkbox"/>		NO <input type="checkbox"/>
THEFT DETAILS	Date and time									
	Date of theft									
	What was stolen? (Tick relevant box)			VEHICLE AND ACCESSORIES <input type="checkbox"/>			ACCESSORIES ONLY <input type="checkbox"/>			
	Details of Stolen Accessories (Please attach Invoices)									
	Police Station and Reference No.						Date Reported			
	Circumstances of Theft									
Was vehicle locked?										

IDENTIFICATION	If Vehicle Stolen Please Complete this Block	Chassis No.	
		Engine No.	
		Other References	
		Exterior Colour	Interior Colour
		Details of Features Which Would Assist Identification	
GENERAL	Any Other Salient Information		
Who is in possession of the vehicle keys?			
AUTHORITY FOR PAYMENT	<p>It is recommended that any amount payable to you direct be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this. Please provide the following information.</p> <p>NAME OF BANK:.....</p> <p>ACCOUNT NO.....</p> <p>NAME OF ACCOUNT HOLDER.....</p> <p>SIGNATURE OF ACCOUNT HOLDER BRANCH AND CODE NO.:.....</p>		
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.		
	SIGNATURE OF INSURED CAPACITY DATE		