

## MOTOR VEHICLE - FIRE & THEFT CLAIM FORM

Please state fully and as accurately as possible all information asked below.					
Name of Insured:					
Occupation:					
Address:					
Telephone No:	lephone No: Policy No:				
MOTOR VEHICLE					
Make:	Model:	Year:	Registration No:		
Engine and Chassis No: Colour:					
Speedometer Readi	ng:				
Any special distingu	ishing features or marks:				
GENERAL INFOR	RMATION				
Date of loss:	Time:	Place of occ	currence:		
If the vehicle was in	use, state:-				
(a) Name and address of driver:					
(b) Age of driver:					
(c) Number, date and place of issue of driving licence:					
(d) Is the driver in your employ?					
(e) If so, in what capacity?					
(f) Purpose for which vehicle was being used:					
(g) Nature of goods carried, if any:					
(h) If vehicle is subject of an H.P. Agreement name Corporation:					



(i) Is the property lost or damaged insured with any other Corporation?

Please give a full account of circumstances surround	ing the accident or loss:	
IN THE EVENT OF FIRE PLEASE STATE		
Probable cause of fire:		
Nature of damage caused:		
Name and address of any witness:		
If fire occurred in a garage or building, please give na	me and address of proprietor:	
IN THE EVENT OF THEFT PLEASE STATE		
Have the Police been notified?:	By whom?:	
If so, state name of policeman and station:		
ii so, state name or policeman and station.		
Was the vehicle left securely locked?:	Are the keys still in your possession:	
	Are the keys still in your possession:  If so give details:	
Was the vehicle left securely locked?:		_
Was the vehicle left securely locked?:		
Was the vehicle left securely locked?:  Do you suspect any particular person(s)?:	If so give details:	
Was the vehicle left securely locked?:  Do you suspect any particular person(s)?:  Has vehicle been recovered?:	If so give details:	
Was the vehicle left securely locked?:  Do you suspect any particular person(s)?:  Has vehicle been recovered?:  What damage has it sustained?:	If so give details:	

Estimated Repair Cost K:



## VEHICLE ACCESSORIES DAMAGED OR STOLEN

NOTE: ITEMS STOLEN THAT ARE NOT VEHICLE ACCESSORIES SHOULD BE CLAIMED ON "ALL RISKS" POLICY IF YOU HAVE ONE

Description of accessories: please state make, model and serial number	Where purchased	Date of purchased	Cost price	Deduction for age wear and tear	Amount Claimed
	I	TOTALS			

DECLARATION			
I/We hereby declare that the above statements and facts are true and that I/we have not withheld from the Corporation any information within my/our knowledge connected with the loss.			
Date:	Signature of the Insured:		
Witness:			