

MOTOR THEFT CLAIM FORM

Compendium cares about your privacy. To assist you with your claim, Compendium, our service providers and your insurer has to process the personal information you provide when completing this form. The information will be treated with caution and all reasonable security measures have been implemented to protect your personal information.

INSURED

Full Names	
Address	
Telephone Number	
Cell Number	
Fax Number	
Email Address	
ID Number/ Registration Number	
VAT Number (if applicable)	

FINANCE COMPANY

Name of Finance Company	
Branch (if applicable)	
Account Number	
Type of Agreement	

VEHICLE

Make & Model	
Year	
Registration Number	
Kilometres Travelled	
Date of last service (please attach service records)	
VIN number	
Chassis number	
Engine number	
Interior colour	
Exterior colour	
Registered Owner	
Details of dents/ scratches	
Details of stickers/ sign writing	

THEFT

Full Names of Driver prior to theft		Age	
Relationship to Insured (If applicable)			
Date of Theft		Time	
Place of Theft			
Police Station		Police Station reference	
Date reported to Police		Reported by	

Circumstances	
Was the alarm activated, if not, please give reasons	
Was the vehicle locked, if not, please give reasons	

ANTI-THEFT VEHICLE RECOVERY DEVICE DETAILS

Make		Fitted by	
Date Fitted			

ADDITIONAL REQUIREMENTS

- Please provide the following:
1. Both sets of vehicle keys
 2. Copy of Original Registration Certificate
 3. Last Service Invoice
 4. Proof of anti-theft vehicle device

DECLARATION

I/We solemnly declare that to the best of my/our knowledge, the above statements are truly made.

Insured Signature		Date	
Capacity		Full Name	
Drivers Signature		Date	
Full Name		Identity Number	

FRAUDULENT CLAIMS WILL BE PROSECUTED