

Reef Insurance Brokers (Pty) Ltd Reg No 1983/012774/07 | VAT No 4920108786

Reef House, Cnr Mowbray & Bunyan St, Benoni, 1501 PO Box 1558, Benoni, 1500

MOTOR THEFT CLAIM FORM					
BROKER DETAILS					
Policy Number		Broker			
INSURED DETAILS					
Name					
ID No Co.Reg. No		Occupation			
Work Telephone No		Home Telephone No			
Cellphone No		Fax Telephone No			
E-mail Address					
Physical Address					
			Code		
	FINANCE	E COMPANY			
Account Holders Name		Name of Institution			
Account Number		Branch			
REGISTERED OWNER OF VEHICLE					
Full Name		ID No. Co. Reg. No			
VEHICLE DETAILS					
Manufacturer		Model	Year		
Price Paid	Vehicle Kilometers	Registra	ation No		
Engine Number		VIN Number			
Date of Purchase		Date of Last Service			
IDENTIFYING FEATURES					
For example window marki	ings or markings on body work etc				
Extras (Please supply proof	of purchase)				
Exterior Colour		Interior Colour			



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	SECURIT	Y DETAILS	
Type of Security	Factory Fitted	Gearlock	Tracking
Please Complete if Tracking is Instal	lled		
Make	Model		Year Installed
Date reported to tracking company			Time Reported
Person Reported to		Reference Nu	ımber
	THEFT	DETAILS	
Date of Theft		Time of Th	eft
Physical Address where theft occur	red		
Police Station	Case No		Name of Officer
Date Reported to Police		Reported	Ву
Driver's Name Person Responsible	e for Vehicle		Date of Birth
Contact No (H)	Contact No (W)	Contact No (W) Cell Phone No	
	CIRCUMSTAI	NCES OF LOSS	
	(Please supply a detailed descr	iption of how the loss occur	red)
	DFCI A	RATION	
We hereby declare all particulars to		,,,,,	
Signature of Insured		Date	

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATLEY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT | POLICY HOLDER | DRIVER ONLY.