

info@cig.co.za www.cig.co.za

MOTOR THEFT CLAIM FORM

INSURED	Surname & Initials			
	Address			
	Identity Number			
	Company Name			
	VAT Number (where applicable)			
	Occupation or Business			
	Physical Address			
	Postal Address			
	Telephone Numbers	Business Cellular	Home	Email
FINANCE COMPANY	Name			
	Branch			
	Account Number			
	Type of Agreement			
VEHICLE	Make			
	Model			
	Year			
	Registration Number			
	Kilometres Travelled		Date of last service	(Please attach service records)

VEHICLE	Vin Identification Number		
	Chassis Number		
	Engine Number		
	Exterior Colour		
	Interior Colour		
	Registered Owner		
THEFT	Name of driver prior to Theft		Age
	Relationship to Insured – if applicable		
	Date & Time of Theft		
	Place of Theft		
	Police station & Reference		
	Date reported		
	Reported by		
	Circumstances		
Was alarm activated, if not Give reasons			
Was the vehicle locked? If Not give reasons			
ANTI-THEFT VEHICLE RECOVERY DEVICE DETAILS	Make		
	Fitted by		
	Date		
	Please attach Proof of Device		
	Details of Dents, scratches		Stickers / Sign writing?
	PLEASE ATTACH BOTH SETS OF THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE.		
<p>DECLARATION :- I/We declare to the best of my/our knowledge the above statements are truly made. (Signature of Insured)Capacity Date</p> <p>Print Name Identity Number</p> <p>Signature of Driver Date.....</p> <p>Print Name Identity Number.....</p> <p style="text-align: center;">“FRAUDULENT CLAIMS WILL BE PROSECUTED”</p>			