



**BAY UNION**

**MOTOR THEFT CLAIM FORM**

INSURER	NAME		
	CLAIM NUMBER		
	POLICY NUMBER		
AGENT/BROKER	NAME		
	CLAIM NUMBER		
INSURED	COMPANY NAME/ SURNAME AND INITIALS		
	COMPANY REGISTRATION NUMBER		
	IDENTITY NUMBER		
	VAT NUMBER		
	OCCUPATION OR BUSINESS		
	PHYSICAL ADDRESS		
	POSTAL ADDRESS		
	TELEPHONE NUMBERS		BUSINESS
		HOME	
VEHICLE	MAKE		
	MODEL		
	YEAR		
	REGISTRATION NUMBER		
	KILOMETRES COMPLETED		
	VEHICLE IDENTIFICATION NO		
	CHASSIS NUMBER		
	ENGINE NUMBER		
	EXTERIOR COLOUR		
	INTERIOR COLOUR		
FINANCE COMPANY	NAME		
	BRANCH		
	ACCOUNT NUMBER		
	TYPE OF AGREEMENT		
	OUTSTANDING AMOUNT		

OWNER	NAME		
	IDENTITY NUMBER		
THEFT	DATE TIME PLACE		
	POLICE STATION REFERENCE NUMBER		
	DATE REPORTED		
	REPORTED BY		
	CIRCUMSTANCES		
	WAS THE VEHICLE LOCKED? IF NOT, GIVE REASONS		
	DETAILS OF STOLEN ACCESSORIES (PLEASE ATTACH INVOICES) ARE THESE SEPARATELY INSURED		
ANTI-THEFT/VEHICLE RECOVERY DEVICE DETAILS	MAKE		
	FITTED BY		
	DATE		
	<b>PLEASE ATTACH PROOF OF DEVICE</b>		
DETAILS OF WINDOW MARKINGS	NUMBER		
	APPLIED BY WHOM		
DETAILS OF SCRATCHES, DENTS, DEFECTS			
DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION			

I/We hereby declare the foregoing particulars to be true in every respect.

\_\_\_\_\_  
Signature of insured

\_\_\_\_\_  
Capacity

\_\_\_\_\_  
Date