

MOOVAH THEFT ONLY CLAIM FORM - MOTOR

WARNING: INSURANCE FRAUD IS A CRIME

Policy No			Claim	n No (Official Use)			
1. INSUI	RED CUSTOMER	'S DETAILS					
First Name/s Date of Birth ID Number Email Address D/L Number		Surname Gender Cell Phone Number/s Marital Status Date of Issue					
Home Address Town/ City	S	Date of 18	Occupation				
2. MOTO	OR VEHICLE DET	TAILS .					
Make and Mod Registration N Chassis/ Engil	lumber ne No.			Year Mileage Vehicle Use			
Date of Loss	S of person using v	Place of Loss	prior to loss	Time	am/pr	m	
	d when the theft ocutions were taken at the loss occurred		No				
If the vehicle has s Detail of damage:	sustained damage (give the following ir	nformation:				
	accessories, or (B question only to be						
Policy No.	Description of Property	Name of Owner	Date of Purchase	Price Paid	Allowance for wear and tear	Amount Claimed	
					or depreciation		
					or depreciation		
					or depreciation		

4. POLICE DETAILS				
Were the Police notified of the theft? \bigcirc Yes	○ No			
Station Reported	Date of Report		TAB NO.	
Officer who attended to Loss/ Accident		Contact Details		
STATEMENT				
I/We declare the above particulars to be corre	ct and that I/ We have not with	held any material info	ormation which	would affect the
acceptance of my/our claim by the Insurer				
Date	Signature of Insured			
2 3.13	2.3			