



vap-sure



Bryte

MOTOR VEHICLE THEFT CLAIM FORM:

INSURED:

Full Name & Surname: _____

ID Number: _____

Policy Number: _____ HP ACCOUNT No: _____

BROKER:

Name: _____ Claim Number: _____

INSURED:

Occupation: _____

Address: _____

Area Code: _____

Postal Address: _____

Area Code: _____

Telephone (w): _____

Telephone (cell): _____

Vehicle:

Make: _____ Year: _____

Model: _____

Registration: _____

Km's Completed: _____

Identification No: _____

Chassis No: _____

Engine No: _____

Exterior Colour: _____

Interior Colour: _____

Finance:

Name: _____

Branch: _____

Acc No: _____

Agreement Type: _____

Outstanding: _____

Owner:

Full Name & Surname: _____

ID Number: _____



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Bryte

Theft:

Date & Time: _____

Theft Location: _____

Area Code: _____

Police Station and Reference No: _____

Date Reported: _____

Reported By: _____

Please explain circumstances of theft in full:

Tracking Device:

Make: _____

Fitted By: _____

Date: _____

Window Markings:

Details of Window Markings _____

Number: _____

Applied by whom: _____

Details of dents, scratches, other features of identification:

Declaration:

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy afforded under this policy in respect of such claim shall be forfeited.

Signature of driver _____ Date: _____

Signature of Insured _____ Date: _____

NB. It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.