



subban and subban
insurance group

In association with Composite Insurance Solutions

Subban & Subban Insurance Group FSP License No: 31836 in association with Composite Insurance Solutions FSP License No: 12606
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MOTOR THEFT CLAIM FORM

Insured	Claim number		
	Policy number		
	Company name		
	Company registration number		
	Company VAT number		
	Name and surname		
	ID number		
	Business or occupation		
	Physical address		
	Postal address		
	Contact details	Cell:	
Work:			
Vehicle	Make		Peculiar identification marks e.g. dents and stickers
	Model		
	Year		Pre-existing damage
	Registration Number		
	Kilometers completed		
	VIN / Chassis number		
	Engine number		
	Exterior colour		Interior colour
Finance company	Name		
	Branch		
	Account number		
	Type of agreement		
	Outstanding amount		
Owner	Name		
	ID number		

Theft	Date																					
	Time																					
	Place																					
	Police station																					
	Case 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. Please attach proof of device																					
	Details of window markings	Number																				
		Applied by whom																				
	Details of scratches, dents, defects																					
	Details of other features which would assist identification																					
Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the consent clause on the policy schedule for more details in this regard.																						
Payment method	You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account holder and account number.																					
	Name of Bank:	Branch Name and Code:																				
	Account Holder:	Account number:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																			
I/we solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.																						
Declaration	Insured's signature	Capacity	Date																			