



## CLAIM FORM - MOTOR THEFT

### SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured \_\_\_\_\_

Tel. No.: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Town: \_\_\_\_\_

Occupation: \_\_\_\_\_

Policy Number.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### SECTION B: PARTICULARS OF VEHICLE

Make: \_\_\_\_\_

Year of Manufacture: \_\_\_\_\_ H.P. or C.C.: \_\_\_\_\_

Reg. No. of Vehicle: \_\_\_\_\_

Purpose(s) for which the vehicle was being used at the time it was stolen \_\_\_\_\_

### SECTION C: CIRCUMSTANCES

1. Where did the loss occur? \_\_\_\_\_

2. On what date and at what hour did the loss occur? \_\_\_\_\_

3. Who was in charge of the vehicle at the time of the loss? \_\_\_\_\_

4. Was the vehicle in use with the insured's permission or authority? \_\_\_\_\_

5. Was the vehicle locked? \_\_\_\_\_

6. Was an anti-theft device fitted? \_\_\_\_\_ If so, attach copy of certificate.

7. Circumstances under which the loss occurred, and information if any \_\_\_\_\_

8. Date and place of last vehicle service \_\_\_\_\_

9. Are you the sole owner of the vehicle? \_\_\_\_\_

10. Name of hire purchase or Finance Company \_\_\_\_\_

11. Are there any other Insurance against theft upon the same vehicle? \_\_\_\_\_

**SECTION C: CIRCUMSTANCES (continued)**

12. IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC. Please complete the following:-

Description	Price Paid	From Whom Purchased	Purchased When	Amount Claimed

13. IF VEHICLE NOT RECOVERED, Please complete the following and forward the ORIGINAL LOG-BOOK if available.

Engine No.: \_\_\_\_\_ Chassis or Frame No.: \_\_\_\_\_

Type of Body: \_\_\_\_\_

Colour or combination of colours \_\_\_\_\_

Have you had any alterations made which are recognizable? \_\_\_\_\_

Are there any special fitments or accessories? \_\_\_\_\_

Are there any identifying features, interiorly or exteriorly e.g. marks, scratches, disfigurements etc? \_\_\_\_\_

Mileage reading at the time of loss (Approximately) \_\_\_\_\_

14. IF VEHICLE RECOVERED, Please complete the following:-

Place and date recovered \_\_\_\_\_

Mileage reading at the time of loss and upon recovery \_\_\_\_\_

Details of damage sustained (if any) \_\_\_\_\_

Where can the vehicle be inspected? \_\_\_\_\_

**NOTE:**

IF THE VEHICLE HAS BEEN DAMAGED A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE BUT THE REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY

## SECTION D : DECLARATION

### i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

### ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i and ii above.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If Corporate):

Name: \_\_\_\_\_ Designation \_\_\_\_\_

Company Stamp and Date:

