



# Motor Theft Form

(Please state N/A to questions that are not applicable to you)



INSURER	INSURER NAME		
	POLICY NUMBER		
INSURED	CONTACT PERSON		
	POLICY HOLDERS NAME		
	COMPANY REGISTRATION NUMBER		VAT NUMBER
	IDENTITY NUMBER		
	EMAIL ADDRESS		
	OCCUPATION AND TYPE OF BUSINESS		
	PHYSICAL ADDRESS		
	POSTAL ADDRESS		
	TELEPHONE NUMBERS	CELL	
		BUSINESS	
VEHICLE	MAKE		
	MODEL		
	YEAR		
	REGISTRATION NUMBER		
	KILOMETERS COMPLETED		
	VEHICLE IDENTIFICATION NO.		
	CHASSIS NUMBER		
	ENGINE NUMBER		
	EXTERIOR COLOUR		
	INTERIOR COLOUR		



# KUDA MOTOR THEFT CLAIM FORM

FINANCE COMPANY	NAME			
	BRANCH			
	ACCOUNT NUMBER			
	TYPE OF AGREEMENT			
	OUTSTANDING AMOUNT			
OWNER	NAME		IDENTITY NUMBER	

THEFT	DATE				TIME	
	PLACE					
	POLICE STATION					
	CASE NUMBER					
	OFFICER					
	WAS VEHICLE LOCKED?	YES		NO		
	IF NO, GIVE REASONS					
	DETAILS OF STOLEN ACCESSORIES <i>(Please attach invoices)</i>					
	ARE THESE SEPERATELY INSURED?					
	ANTI-THEFT/ TRACKER DETAILS	MAKE				
FITTED BY						
DATE						
PLEASE ATTACH PROOF OF TRACKER						

DETAILS OF SCRATCHES, DENTS DEFECTS	
DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION	

DECLARATION	We hereby declare the foregoing particulars to be true in every respect.	
	Signature of Driver	Signature of Insured
	Date	Capacity
	N.B. 1 IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.	
	N.B. 2 ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPARATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY.	