

ALLIANCE INSURANCE COMPANY

7 OAK AVENUE SURBUBS BULAWAYO

TEL: 078677000715

THEFT CLAIM FORM – MOTOR

POLICY NUMBER :	CLAIM NUMBER :
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1. Insured :
Name
Address (Private) Telephone No.
Address (Business) Telephone No.
Trade or Occupation (if more than one state all)
2. Date of Loss Time a.m./p.m. Exact place
Name and address of person using vehicle immediately prior to loss
.....
Was vehicle locked when left?
What other precautions were taken against theft?
Explain fully how loss occurred
.....
.....
3. When was loss notified to Police? Date Time a.m. / p.m.
By whom was it reported? Name
Address
To which Police Station
4. The Vehicle:
Date bought by Insured From Whom Estimate value at time of loss
4.1 Construction : Make Year Mileage at time of theft
Body HP/CC
4.2 Registration Book Specifications: Registration Number Chassis Number
Engine Number
Are you the sole owner?
In whose name is the vehicle registered?
State date of first registration as new
Name of Hire Purchase Company, if any
Approximate amount outstanding

P.T.O

Colour and condition of (a) Body
(b) Upholstery

Please describe any marks, defects or features which might assist in identifying the vehicle

5. If the vehicle has sustained damage give the following information:

Details of damage

Name and address of repairers where vehicle can be examined

..... Telephone Number

Is vehicle at repairers now? If not, when will it be taken there?

NOTE: An estimate for repairs must be forwarded immediately.

6. Is the loss or damage covered by any other policy? If so, give details

7. If any (a) vehicle accessories, or (b) personal effects as defined below have been stolen give the following information:

(Important : This question only to be answered when such personal effects are covered under a separate policy taken out with this Company)

Policy Number	Description of Property	Name of Owner	Date of Purchase	Price Paid	Allowance for wear and tear or depreciation	Amount claimed

I/We declare that these particulars are true and complete in every respect.

Date Signature of Insured