



SPECTRUM
Since 1976

MOTOR THEFT CLAIM

Insurance Company

Policy number

INSURED

Name

ID No

Phone No

Address

VEHICLE

Make and Model

Year

Kilos

Registration Number

Colour - Exterior

Interior

Details that would assist ID of vehicle

Details of stolen accessories

Value

Is there a tracking device fitted ?

Details

In whose name is the vehicle registered ?

ID Number

Is vehicle financed ?

Finance Company Name

Branch

THEFT

Date

Time

Place

Details

Police Case Number

Police Station

Date Reported

BANKING DETAILS FOR CLAIM PAYMENT

Account holder

Bank Name

Account number

Branch

Branch Code

DECLARATION

I hereby declare that all the details in this document are true and correct .

Insured signature

Date