Motor Theft Claim Form (Delete sections not applicable)

Cross Country Insurance Consultants (Pty) Ltd
Underwritten by Renasa Insurance Company Limited
Cross Country is an Authorised Financial Services Provider 39547
Registration Number: 2008/013847/07 | VAT Number: 4020252203

Tel No: 011 215 8800 | Fax No: 011 476 8205 | website: www.ccic.co.za

MOTOR THEFT CLAIM FORM

Insured			
Policy No		Claim No	
Broker			
Broker Name			
Claim Number			
Policy Number			
Insured			
Company Name/Surname and Initials			
Company Registration Number			
VAT Number		Identity number	
Occupation or Business			
Physical Address			
		Postal Code	
Postal Address			
		Postal Code	
Telephone	Business	Home	Cell
Vehicle			
Make		Model	
Year		Registration Number	
Registration		Value	
Kilometers Completed		Vehicle Identication Number (VIN)	
Chassis Number		Engine Number	
Exterior Colour		Interior Colour	
Finance company			
Name		Branch	
Account Number		Outstanding Amount	
Type of Agreement			
Owner			
Name		Identity Number	
Theft			
Date	D D M M Y E A R	Time	

Place													
Police Station Reference Number		Date Reported	D	D	M	M	Y	E	A	R			
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	Date	D	D	M	M	Y	E	A	R				
	Fitted by												
	Make												
Details of window markings	Number												
	Applied by Whom												
	Details of scratches, dents, defects												
	Details of other features which would assist identication												

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 and account number.

Name of Bank		Branch	
Name of Account		Account Number	

Declaration

I/We hereby declare the foregoing particulars to be true in every respect.	Date	Capacity	Signature of Insured
	Date	Name of last Driver	Signature

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND