



Established 1993

OPTION SHORT TERM INSURANCE BROKERS (PTY) LTD

INSURANCE BROKERS & GROUP SCHEME ADMINISTRATORS

☎ 0861 111 857 ✉ office@oib.co.za 📠 086 620 6972 🌐 www.oib.co.za

📍 Tzaneen Street, Faerie Glen 📦 PO Box 40545, Garsfontein East, Pretoria, 0060

Registration No. 1993/06939/07 ▲ FSP Licence No. 8265 ▲ Vat No. 4210141406

MOTOR THEFT CLAIM FORM

POLICY DETAILS

Broker: Option Short Term Insurance Brokers

Policyholder: _____

Policy Number: _____

Insured's Contact Number: _____

VEHICLE DETAILS

Make: _____

Model: _____

Year: _____

Vin No.: _____

Engine No.: _____

Registration No.: _____

Vehicle Colour: _____

Kilometres Completed: _____

Registered Owner Name: _____

Registered Owner ID Number: _____

FINANCE COMPANY DETAILS:

Name Finance House: _____

Branch: _____

Account Number: _____

Outstanding Amount: _____

DETAILS OF THEFT

Date and **Time** of theft: _____

Place Theft Occurred: _____

Police Case Reference No.: _____

Police Station Reported to: _____

Date reported and By Whom: _____

Was the vehicle locked? If not, give reasons: _____

Details of Stolen Accessories (Please Attach Invoices): _____

Anti-Theft Device Details (Make, Date Fitted): _____

Details of Scratches, Dents, Defects: _____

Details of Other Features Which Would Assist Identification: _____

THEFT DESCRIPTION

Please provide a full description of the theft:

Please provide details of witnesses:

NAME	CONTACT NUMBER

WARRANTY

I hereby warrant that the above and statements are true and complete and contain all information known to me affecting the details of the claim.

Signature of Policyholder: _____

Capacity: _____

Date: _____

PLEASE ATTACH A COPY OF VEHICLE REGISTRATION CERTIFICATE