

Insurer		Policy No.	
<b>INSURED</b>			
Company Name / Surname & Initials			
Physical Address			
		Code	
Postal Address			
		Code	
ID No.		Vat No.	
Occupation / Business			
Business Tel No.		Cell No.	
<b>VEHICLE DETAILS</b>			
Registration No.		Make	
Model		Year	
Price Paid		Date Purchased	
Kilometres		Chassis No.	
Engine No.		VIN No.	
Interior Colour		Exterior Colour	
<b>FINANCE COMPANY DETAILS</b>			
Company Name		Branch	
Account No.		Agreement Type	
Outstanding Amount			
<b>OWNER DETAILS</b>			
Full Name			
ID No.			
<b>THEFT DETAILS</b>			
Date of Theft (yyyy/mm/dd)		Time of Theft (hh:mm)	
Place of Theft			
Police Station Reported		Police Case No.	
Date Reported (yyyy/mm/dd)		Reported by	

**THEFT DETAILS CONTINUED**

Circumstances			

Was the vehicle locked?	Yes		No	
If <b>No</b> , please give details				

Details of stolen accessories (please attach invoices)			

Are these separately insured?	Yes		No	
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**Anti-theft / Vehicle Recovery Device (Please attach proof of device)**

Make / Model		Fitted by	
Date Fitted (yyyy/mm/dd)		Window Marking No.	
Applied by			
Details of the vehicle's scratches, dents or defects			
Any other features that will help in identification			

Please make vehicle keys, a copy of the registration certificate and the last service invoice available to the assessor or Econorisk.

**DECLARATION**

I / We hereby declare the foregoing particular to be true in every aspect.

Signature of the Insured			
Capacity		Date (yyyy/mm/dd)	

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