



econorisk

## MOTOR THEFT CLAIM FORM

Telephone No. 011 045 8555

Fax No. 086 558 0080

Email: [claims@econorisk.co.za](mailto:claims@econorisk.co.za)

Click on the above link to email our claims consultants

Insurer:	Policy No.:
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### Insured

Company Name / Surname & Initials:

Physical Address:	Postal Address:
Code:	Code:
Identity No.:	Occupation / Business:

Vat No.:	Business Tel No.:	Cellular No.:
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### Vehicle

Reg No.:	Make:	Model:
Year:	Kilometres:	VIN No.:
Date purchased: <i>day/month/year</i>	Price paid:	Chassis No.:
Engine No.:	Exterior colour:	Interior colour:

### Finance Company

Name:	Branch:
Account No.:	Agreement Type:

Outstanding amount:

### Owner

Surname & Initials:

Identity No.:

### Theft

Date: <i>day/month/year</i>	Time:	Place:
Police Station:	Police Case Number:	
Date Reported: <i>day/month/year</i>	Reported By:	

Circumstances:

(cont.)

**Theft (Continued)**

Circumstances:

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Was the vehicle locked? Yes  No

If NO, please give reasons:

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Details of Stolen Accessories (please attach invoices):

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Are these separately insured? Yes  No

Anti-Theft / Vehicle Recovery Device (PLEASE ATTACH PROOF OF DEVICE)

Make:	Fitted by:	Date: <i>day/month/year</i>
Window Marking No.:	Applied by:	

Details of scratches, dents and defects on vehicle:

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Details of other features which would assist in identification:

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**PLEASE MAKE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE AVAILABLE TO THE ASSESSOR OR ECONORISK**

**Declaration**

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

Signature of Insured:	Date: <i>day/month/year</i>
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Capacity:

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