



UNDERWRITING MANAGERS

Tel: 0861-00-0090  
E-mail: [claims@keu.co.za](mailto:claims@keu.co.za)  
Website: [www.keu.co.za](http://www.keu.co.za)

## MOTOR THEFT CLAIM FORM

PLEASE ATTACHED A COPY OF THE FOLLOWING DOCUMENTS WITH THE COMPLETED CLAIM FORM	1. DRIVER'S LICENSE		
	2. POLICE REPORT		
	3. 2 X REPLACEMENT QUOTES FOR STOLEN GOODS		
	4. HIRING AGREEMENT - IF APPLICABLE		
	5. VALUATION CERTIFICATE - IF APPLICABLE		
<b>INSURED:</b>			
<b>POLICY NUMBER:</b>	KEU	<b>BROKER:</b>	
<b>PRODUCTION/ INSURED NAME:</b>		<b>CONTACT DETAILS:</b>	
<b>SHOOT/ EVENT NAME:</b>			
<b>INSURED PHYSICAL ADDRESS:</b>			
<b>POLICE CASE NUMBER:</b>		<b>POLICE STATION:</b>	
<b>DATE REPORTED TO POLICE:</b>	Day / Month / Year	<b>REPORTED BY:</b>	
<b>STATE FULLY PURPOSE FOR WHICH THE VEHICLE WAS BEING USED:</b>			
<b>WAS HE/SHE DRIVING WITH YOUR PERMISSION?</b>	YES	NO	
<b>If no, please provide detail</b>			
<b>WAS HE/SHE IN YOUR EMPLOYMENT?</b>	YES	NO	
<b>If no, please provide detail.</b>			
<b>DRIVER:</b>			
<b>DRIVER'S FULL NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>DRIVER'S OCCUPATION:</b>			
<b>VEHICLE:</b>			
<b>MAKE &amp; MODEL:</b>		<b>PURCHASED AMOUNT:</b>	R
<b>YEAR:</b>		<b>REGISTRATION NUMBER:</b>	
<b>KILOMETERS COMPLETED:</b>		<b>VEHICLE ID NUMBER:</b>	
<b>VIN NUMBER:</b>		<b>COLOUR:</b>	



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FINANCE COMPANY:			
NAME & BRANCH::		CONTACT NUMBER:	
ACCOUNT NUMBER:		OUTSTANDING AMOUNT:	R
TYPE OF AGREEMENT:			
OWNER:			
FULL NAME:		IDENTITY NUMBER:	
THEFT:			
DATE OF THEFT:	Day / Month / Year	TIME OF THEFT:	<input type="checkbox"/> AM <input type="checkbox"/> PM
LOCATION OF THEFT:			
POLICE CASE NUMBER:		POLICE STATION:	
DATE REPORTED TO POLICE:	Day / Month / Year	REPORTED BY WHOM:	
DETAILED DESCRIPTION OF HOW THEFT OCCURRED:			
WAS THE VEHICLE LOCKED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IF NOT, GIVE REASONS:			
DETAILS OF STOLEN ACCESSORIES (PLEASE ATTACH INVOICES)			
ANTI-THEFT DEVICE DETAILS TRANCEDER RESPONDER DEVICE FITTED, PLEASE ATTACH PROOF OF DEVICE			
MAKE:		FITTED BY:	
DATE:	Day / Month / Year	TRACE NUMBER:	
DETAILS OF WINDOW MARKINGS	NUMBER:		
	APPLIED BY:		



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## MOTOR THEFT CLAIM FORM

DETAILS OF SCRATCHES, DENTS OR DEFECTS:

DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION:

PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE & THE LAST SERVICE INVOICE

### DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

For further information please read our Private Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

NAME OF DRIVER:

SIGNATURE

DATE:

Day / Month / Year

NAME OF INSURED:

SIGNATURE

DATE:

Day / Month / Year