



RENASA
INSURANCE COMPANY LIMITED

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



Take us with you

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 Identification 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 identification												
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														