



Road User

PLEASE NOTE: Due to the investigation required for the processing of a motor vehicle theft/fire claim, the settlement of your claim will take a minimum of 6-8 weeks from the date of completion of this form.

PART 1 DETAILS OF POLICY/POLICYHOLDER

Full Name of Insured _____ Policy No. _____
 Residential Address _____
 Mailing Address _____
 E-mail Address _____ Cellular Telephone _____
 Work Telephone _____ Home Telephone _____
 Employer's Name _____ Occupation _____
 Employer's Address _____
 Driver's License No. _____ National Insurance No. _____
 Type of Cover _____ Renewal Date _____
 Is the Loss covered by any other Insurer? Yes No If Yes, which? _____

PART 2 DETAILS OF DRIVER AT THE TIME OF THE ACCIDENT (as above)

Full Name _____
 Street Address _____
 Mailing Address _____
 E-mail Address _____ Date of Birth (DD/MM/YY) _____
 Work Telephone _____ Home Telephone _____
 Cellular Telephone _____ Are you the owner of the vehicle? Yes No
 If No, what is your relationship with the owner? _____
 Under what circumstances did you obtain the vehicle? _____
 Employer's Name _____ Occupation _____
 Employer's Address _____
 Driver's License No. _____ National Insurance No. _____

PART 3 DETAILS OF VEHICLE

Make _____ Model _____ Colour _____
 Registration No. _____ Chassis No. _____ Engine No. _____
 Year _____ Value _____ VIN _____
 Describe any special features to help establish identity of the vehicle _____
 Give details of any recent repairs _____
 Was the vehicle alarmed? Yes No Number of keys presented _____
 Names of other key holders _____
 Purchased from _____ Date of Purchase _____
 Condition New Used Salvage Purchase Price _____

If the vehicle is the subject of a loan, please advise:

Bank/Branch	Period of Loan	Period Remaining	Monthly Payment Amt	Remaining Balance

Does any other finance institution have an interest in this vehicle? No Yes If Yes, who? _____

Was the vehicle ever repossessed? No Yes If Yes, provide details: _____



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PART 4 DETAILS OF THEFT

Place _____ Date (DD/MM/YY) _____ Time _____

Were your vehicle doors locked? No Yes Were the keys removed? No Yes

Was the vehicle in a garage? No Yes Please provide all available keys. Keys attached

Have you had a vehicle stolen before? No Yes If Yes, provide details _____

When and where was the vehicle last seen by a) you? _____
b) the driver? _____

Purpose for being there? _____

Purpose for which vehicle was being used? _____

How did you get home from the theft location? _____

State fully what happened _____

Do your suspicions rest on anyone? No Yes If Yes, on whom? _____

Has the theft been reported to the police? Yes No If No, you will need to report it immediately and advise:

Incident No. _____ Date Reported (DD/MM/YY) _____ Time Reported _____

NB: In the event that the vehicle is recovered, and if it can be proven that no attempt was made on your part to secure the vehicle, we reserve the right to either decline the claim payment or, if a payment has already been made, we reserve the right to require reimbursement from yourself.

PART 6 DECLARATION BY THE CLAIMANT

I/We hereby authorize Security and General Insurance Company Limited (the Company) to obtain copies of my bank records and any information concerning myself with regard to my claim and the investigation of the circumstances surrounding the theft of my vehicle. I/We understand and agree to the payment of the Claims Excess as stated on the Policy Schedule. I further understand that the Company reserves the right to decline any claim reported outside the claim notification period. I hereby certify that the above statements and the information given are true to the best of my knowledge and belief. I further declare that to my knowledge, no person other than myself has any interest in the lost or damaged property by bill of sale or as owner, mortgagee, and trustee or otherwise, except as stated. I also hereby acknowledge that I am fully aware that the settlement of this claim will take a minimum of 6-8 weeks from the date of completion of this form.

NB: Please submit the registration document and the keys to the stolen vehicle along with this form. Both the Driver and the Owner of the Insured vehicle must sign below.

Owner's Name _____ Owner's Signature _____ Date _____

Driver's Name _____ Driver's Signature _____ Date _____