



MOTOR THEFT CLAIM FORM

Claim No

Name of Insured: _____

Address: _____

Occupation: _____

Policy No: _____ Date last premium paid: _____

Phone No: _____

PARTICULARS OF VEHICLE:

Make and Model: _____

Year of Manufacture: _____ H.P. or C.C. _____

Registered letters and numbers : _____

Purpose(s) for which the vehicle was being used at the time it was stolen _____

CIRCUMSTANCES:

Where did the loss occur? _____

On what date and at what hour did the loss occur? _____

On What date was the claim reported to MAYFAIR? _____

Who was in charge of the vehicle at the time of the loss? _____

Was the vehicle in use with the Insured's permission or authority? _____

Were all doors in the vehicle securely locked? _____

Were all the windows closed? _____

Was an anti-theft device fitted? _____

If so, state type: _____

Circumstances under which the loss occurred, and information if any _____

Date and from whom the vehicle was purchased: _____

Date and Place of last vehicle service: _____

Are you the sole owner of the vehicle? _____

Is there any hire purchase interest? _____

If so, please give details: _____

Give the date the Police were advised and the address of the Police Station stating Criminal Register Number: _____

Are there any other insurance against Burglary housebreaking or Theft upon the same vehicle? _____

Have you had any vehicle stolen on previous occasions? If so, give details (date, insurers, etc.) _____

IF THE CLAIM IS FOR LOSS OF SPARE PARTS, TYRES ETC. Please complete the following:

Description	Price Paid	From Whom Purchased	When Purchased	Amount Claimed

If Vehicle NOT recovered, please complete the following and forward the Registration Book (if any)

Engine No: _____ Chassis or Frame No: _____

Type of Body: _____

Colour or combination of colour: _____

Have you had any alterations made which are recognizable? _____

Are there any special fitments or accessories? _____

Are there any identifying features, externally or internally, e.g. Marks, scratches, disfigurements etc? _____

Mileage reading at the time of loss (Approx.) _____

IF VEHICLE RECOVERED, please complete the following:

Place and Date Recovered: _____

Mileage reading at the time of loss and upon recovery: _____

Details of damage sustained (if any): _____

Where can the vehicle be inspected? _____

IF THE VEHICLE HAS BEEN DAMAGED A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE BUT THE REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY

I/We hereby declare that the whole of the statements made by me/us in this Form of Claim are in every respect true and I/We agree that if I/We have made any false or untrue statements or if there be any suppression or concealment of any material fact my/our right to recover under the policy shall be absolutely forfeited.

Date: _____

Insured's Signature: _____

Rubber Stamp: _____

CLAIM REQUIREMENTS

1. Copy of valid Driver's permit and logbook
2. Police report
3. Atleast 2 repair invoices
4. Photos of vandalised motor vehicle
5. Statement on circumstances of Accident
6. Any other relevant documents