



CONSTANTIA
Insurance Group

Motor Vehicle Theft Form

(Delete Sections not applicable)

Insured	Name				
	HP Account No				
	Policy Number				
Broker	Name				
	Claim No				
Insured	Surname/Initials				
	Identity No				
	Occupation				
	Physical Add.				
	Postal Add.				
	Telephone No's	Work		Home	
	Cell		Other		
Vehicle	Make				
	Model				
	Year				
	Registration No				
	Km's completed				
	Identification No				
	Chassis Number				
	Engine Number				
	Exterior Colour				
	Interior Colour				
Finance Company	Name				
	Branch				
	Acc. Number				
	Type of Agreement				
	Outstanding Amount				
Owner	Name				
	Identity Number				



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Theft	Date, Time Place	
	Police Station & Reference No	
	Date Reported	
	Reported By	

Please explain circumstances of theft in full

Theft continued...	

Area where vehicle was stolen/Postal Code	

Anti-theft/vehicle tracking device details	Make	
	Fitted by	
	Date	



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Details of Window Markings	Number	
	Applied by whom	
Details of dents, scratches, other features of identification		

DECLARATION & STATEMENT	<p>I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.</p> <p>Signature of Driver _____ Date _____</p> <p>Signature of Insured _____ Date _____</p> <p><i>NB. It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.</i></p>