



CLAIM FORM - MOTOR THEFT

SECTION A : PERSONAL / CORPORATE DETAILS

Name of Insured _____

Tel. No.: _____

Address: _____ Postal Code: _____ Town: _____

Occupation: _____

Policy Number.: _____ Expiry Date: _____

SECTION B: PARTICULARS OF VEHICLE

Make: _____

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

Reg. No. of Vehicle: _____

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

SECTION C: CIRCUMSTANCES

1. Where did the loss occur? _____

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

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

4. Was the vehicle in use with the insured's permission or authority? _____

5. Was the vehicle locked? _____

6. Was an anti-theft device fitted? _____ If so, attach copy of certificate.

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

8. Date and place of last vehicle service _____

9. Are you the sole owner of the vehicle? _____

10. Name of hire purchase or Finance Company _____

11. Are there any other Insurance against theft upon the same vehicle? _____

SECTION C: CIRCUMSTANCES (continued)

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

Description	Price Paid	From Whom Purchased	Purchased When	Amount Claimed

13. IF VEHICLE NOT RECOVERED, Please complete the following and forward the ORIGINAL LOG-BOOK if available.

Engine No.: _____ Chassis or Frame No.: _____

Type of Body: _____

Colour or combination of colours _____

Have you had any alterations made which are recognizable? _____

Are there any special fitments or accessories? _____

Are there any identifying features, interiorly or exteriorly e.g. marks, scratches, disfigurements etc? _____

Mileage reading at the time of loss (Approximately) _____

14. 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? _____

NOTE:

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

SECTION D : DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i and ii above.

Name: _____

Signature: _____ Date: _____

(If Corporate):

Name: _____ Designation _____

Company Stamp and Date:

