

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

MOTOR THEFT CLAIM FORM

Insurer

Insurer:	
Policy Number:	

Insured

Name:	
Identity Number:	
Business or Occupation:	
VAT Number:	
Physical Address:	
Postal Address:	
Contact Number:	

Vehicle Details

Full Description, Make and Model:	
Registration Number:	
Chassis / VIN Number:	
Engine Number:	
Year of Manufacture:	
Tare:	
Gross Vehicle Mass:	
Kilometres Completed:	
Exterior Colour:	
Interior Colour:	

Finance Company

Is the vehicle financed:	YES		NO	
If YES, who is the financier:				
Branch:				
Account Number:				
Type of Agreement:				
Outstanding Amount:				

Owner

Full Name:	
Identity Number (please attach a copy of Identity Book):	
VAT Number:	
Company Registration Number:	

Details of Theft

Date:		Time:	
Place:			
Police station:			
Police reference number:			
Date reported:			
Reported by:			
Note the circumstances surrounding the theft:			
Details of stolen accessories (Please attach purchase invoices):			
Are they separately insured:			
Anti-theft / vehicle recovery details:			
Description, Make:			
Fitted by:			
Date:			
PLEASE ATTACH PROOF OF DEVICE.			
Details of window markings:			
Number:			
Applied by whom:			
Details of scratches, dents & defects:			
Details of any other features which would assist in the identification of the vehicle:			

PLEASE ATTACH THE VEHICLES KEYS, A COPY OF THE REGISTRATION AND CURRENT LICENCE CERTIFICATE, AND THE LAST SERVICE INVOICE.

Insurers share information with each other regarding 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 or attached to the policy schedule for more details in this regard.

Payment Method

Please specify the name of the bank, branch, name of account and account number into which any claim proceeds should be paid.			
Name of Bank:		Account Name:	
Type of Account:		Account Number:	
Branch Code:			
NOTE: WHERE BANK ACCOUNT DETAILS DIFFER FROM BANK DETAILS THAT PREMIUMS ARE DEBITED FROM, PROOF OF BANK DETAILS WILL NEED TO BE MADE AVAILABLE.			

Declaration

I/ We solemnly declare that these particulars are true, correct, and complete in every respect.

Full Name:		Capacity:	
Identity Number:		VAT Number:	
Company Registration Number:		Date:	
Signature:			