



VERITAS GENERAL INSURANCE PLC
HEAD OFFICE:
Plot BRT6/60, Kabulonga Road
P O Box 31965, Lusaka, Zambia
Tel: +260 211 266 366 Tele/Fax +260 211 266 307

MOTOR THEFT CLAIM FORM

Policy (or Certificate No. ----- To whom you paid your Last Premium: -----

1. INSURED

Name: -----

Address (Private) -----Telephone No. -----

Address (Business)-----Telephone No. -----

Email Address: -----Alternative Email: -----

Trade or Occupation (if more than one state all):-----

2. Date of Loss:-----Time:-----Exact Place:-----

Name of person using vehicle immediately before Loss: -----

3. For what purpose was he using vehicle? -----

Was vehicle locked when left? -----

What other precautions were taken against Theft? -----

Is vehicle usually kept in a locked garage? -----

Explain fully how Loss occurred: -----

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4. When was Loss notified to Police? -----Date: -----Time: -----
hrs.
Address of Police Station: -----

5. VEHICLE
REG NO: CC Make: Model: Year

Are you the Sole Owner? -----

In whose Name is the Vehicle Registered? -----

State the Date of First Registration as new: -----

Name of Hire Purchase Company, if any: -----

Approximate Amount outstanding: -----

IF THE VEHICLE HAS BEEN STOLEN AND NOT RECOVERED GIVE THE FOLLOWING INFORMATION

6. Chassis No:-----Engine No:-----Mileage:-----

7. Colour and condition of (a) body: ----- (b) upholstery: -----

Date of Purchase: -----Price paid: -----Present Value: -----

Please describe any marks, defects or features which might assist in identifying vehicle: -----

IF ONLY PARTS WERE STOLEN AND/ OR DAMAGE WAS CAUSED BY THIEVES COMPLETE BELOW

8. Details of stolen parts:-----

Details of Damage caused: -----

Address where vehicle can be inspected:-----

Telephone No.-----

NOTE PLEASE SUPPLY AN ESTIMATE FOR REPAIRS AND REPLACEMENT OF STOLEN PARTS

9. Is the Loss or Damage covered by any other policy? If so, give name and address of insurers: -----

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

In the event that the vehicle is recovered and repairable I/We authorize the Company to instruct repairs to be undertaken as may be necessary as agreed with the repairers.

Date: ----- Signature of Insured: -----

(If Limited Company, give status of signatory)

N.B. OUR CLAIMS SERVICE CAN BE GOOD IF YOU PROMPTLY COMPLETE AND SUBMIT THE CLAIM FORM, TOGETHER WITH THE OTHER SUPPORT DOCUMENTS REQUESTED.