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MOTOR THEFT CLAIM FORM

This form is intended for MOTOR THEFT type claims.
 The Insurer reserves the right to request completion of their prescribed claim form if deemed necessary.

(TO BE COMPLETED AND SIGNED BY CLAIMANT) The issue of this form is not an acknowledgement of any liability by the Insurance Company			
DETAILS OF THE INSURED ("YOU") & INSURER REFERENCE			
INSURED	_____		
POSTAL ADDRESS	_____	TELEPHONE	OFFICE: _____ FAX: _____
	_____		HOME: _____
	_____		CELL: _____
OCCUPATION	_____	E-MAIL	_____
INSURER	_____	POLICY NO	_____
DETAILS OF INSURED VEHICLE			
MAKE	_____		
MODEL	_____		
REGISTRATION NUMBER	_____		
KILOMETRES COMPLETED	_____		
VEHICLE ID NUMBER	_____		
CHASSIS NUMBER	_____		
ENGINE NUMBER	_____		
EXTERIOR COLOUR	_____		
INTERIOR COLOUR	_____		
DETAILS OF FINANCE COMPANY			
NAME	_____		
BRANCH	_____		
ACCOUNT NUMBER	_____		
TYPE OF AGREEMENT	_____		
OUTSTANDING AMOUNT	_____		
DETAILS OF OWNER			
NAME	_____		
IDENTITY NUMBER	_____		
SIGNATURE: Insured / Broker / Sub-agent		DATE	TIME

DETAILS OF THEFT

DATE:	<u>DD / MM / YYYY</u>	TIME: <u>HH : MM</u>
LOCATION / PLACE:	<hr/>	
POLIC REF. NO	<hr/>	
DATE REPORTED	<u>DD / MM / YYYY</u>	
REPORTED BY WHOM?	<hr/>	
AT WHICH POLICE STATION	<hr/>	
CIRCUMSTANCES	<hr/> <hr/> <hr/>	
WAS THE VEHICLE LOCKED?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NOT, GIVE REASONS	<hr/>	
DETAILS OF STOLEN ACCESSORIES (PLEASE ATTACH INVOICES)	<hr/> <hr/> <hr/>	
ANTI-THEFT DEVICE DETAILS- TRANSCENDER RESPONDER DEFICE FITTED (PLEASE ATTACH PROOF OF DEVICE)	MAKE	<hr/>
	FITTED BY	<hr/>
	DATE	<u>DD / MM / YYYY</u>
DETAILS OF WINDOW MARKINGS:	NUMBER	<hr/> APPLIED BY WHOM <hr/>
DETAILS OF SCRATCHES, DENTS, DEFECTS	<hr/> <hr/>	
DETAILS OF OTHER FEATURES WHICH WOULD ASSIST IDENTIFICATION	<hr/> <hr/>	
PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE, POLICE REPORT OF STATEMENT AND THE LAST SERVICE INVOICE.		

DECLARATION

I/WE WARRANT AND DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE TRUE IN EVERY RESPECT AND THAT I/WE HAVE NOT WITHHELD ANY INFORMATION WHATSOEVER IN CONNECTION WITH THE CLAIM

SIGNATURE: Insured / Broker / Sub-agent	DATE	TIME
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IMPORTANT CLAIMS ASPECTS OF WHICH YOU SHOULD TAKE NOTE

WAITING PERIOD

Please note that there is a six weeks waiting period applicable in respect of Motor Theft claims

YOU MUST NOT:

Agree to the formulation / settlement of your claim (by signing an Agreement of Loss) if you are not in agreement with the proposed method of settlement or the amount of settlement offered to you, or
sign a "Release" form at a panel beater if you are dissatisfied with the quality or standard of the repairs performed to your vehicle.