

INSURED

Insured name		Policy number	
Contact number		Email address	

VEHICLE DETAILS

Year		Make	
Model		Registration number	
VIN/Serial number		Engine number	
Mileage		Exterior colour	
Registered owner		Finance company	
Account number		Outstanding amount	

THEFT DETAILS

Date		Time	
Place		Reported to police	
Circumstances of incident (if vehicle was not locked, state reasons why)			
Details of stolen accessories (attach invoices)			
Items separately insured		Anti-theft tracking device	
Details of features which could assist with identification			

LICENSE

I have inspected the driver's license and it is free of endorsements/endorsed as shown.

Full Name	Capacity	Date	Signature
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*Attach copies of driver's license and page 1 of driver's identity document.

DECLARATION

I/we hereby provide IUM (Pty) Ltd or the insurer with the necessary permission and consent to obtain and extract, by any means necessary, any and all information pertaining to the motor vehicle in question in order to validate the damages/theft and claim in this regard.

I/we hereby acknowledge that IUM (Pty) Ltd or the insurer may make an enquiry, where applicable, to any relevant authority or institution, (including, but not limited to) the South Africa Revenue Services (SARS), South African Police Services (SAPS), South African Insurance Crime Bureau (SAICB), any registered financial, insurance or banking institutions, or any of their authorised representatives, to obtain, confirm or validate any information, related information or details as being reported on or related to any information contained in this claim form.

I/we hereby waive my/our right to privacy with regard to underwriting or claims information (including credit information) that I/we provide or that is provided by another person on my/our behalf in respect of any insurance policy or claim made or lodged by me/us. I further consent to such information being disclosed by me, or any person I represent in terms of this insurance policy, to any other insurance company or its agent.

We hereby declare the afore going particulars to be true in every respect.

Full Name	Capacity	Date	Signature
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Insured

Full Name

Capacity

Date

Signature

It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand.
Any personal injuries noted must be reported separately to the applicable accidents fund (i.e. Road Accident Fund) without delay.