

# Motor Vehicle Theft Claim Form

Please complete the following form as accurately as possible. Attach any supporting documents (police report, pictures, etc.) and submit to your insurance provider.

## Policy Holder Information

**Full Name:**

**Address:**

**Contact Number:**

**Email Address:**

**Policy Number:**

## Vehicle Information

**Make:**

**Model:**

**Year:**

**Color:**

**Vehicle Identification**

**Number (VIN):**

**Registration Number:**

## Theft Details

**Date of Theft:**

**Time of Theft:**

**Location of Theft:**

**Describe Circumstances:**

## Police Report

**Police Station:**

**Report Number:**

**Report Date:**

## Additional Information

**Other Relevant Details:**

**I declare that the  
information provided  
above is true to the  
best of my knowledge.**

**Submit Claim**