

# MOTOR THEFT CLAIM FORM

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<b>Insured</b>	Claim number			
	Policy number			
<b>Broker</b>	Broker name		Claim number	
	Policy number			
<b>Insured</b>	Company name / surname and initials			
	Company registration number			
	Identity number			
	VAT number			
	Occupation or business			
	Physical address			
	Postal address			
	Telephone numbers	Business		Cell
	Home			
<b>Vehicle</b>	Make			
	Model			
	Year			
	Registration number			
	Kilometers completed			
	Vehicle identification No.(Vin)			
	Chassis number			
	Engine number			
	Exterior colour			
Interior colour				
<b>Finance company</b>	Name			
	Branch			
	Account number			
	Type of agreement			
	Outstanding amount			

