

MOTOR THEFT CLAIM FORM

Section A – Details of Policy	
Policy Number	
Insurance Period	
Vehicle Number	
Year of Manufacture	
Make & Model	
Name of Insured	
Are you GST registered ? Yes / No If yes, GST registration no. _____	
Section B – Particulars of driver who last drove the vehicle	
Name	
NRIC Number	
Address	
Occupation	
Contact Number	
Authorisation to drive vehicle by owner: (Yes / No)	
Section C - Brief Statement of Circumstances (please tick (✓) where applicable)	
Date of accident	
Time	
Place	
Brief Description of Loss	

<i>Please attach copy of Police report lodged.</i>	
Section D – Declaration By Policyholder	
<input type="checkbox"/> I declare that the above information given in this form are accurate and true. <input type="checkbox"/> I understand that my claim may be rejected if any relevant information given is later proven false or intentionally omitted by me.	
..... Owner's Signature Driver's Signature
..... Company's Stamp (if applicable)	
Section E – For Office Use Only	
Remarks	