



## Motor Theft claim form

<b>Police Details</b>	Police Reference Number	
	Date Reported	
	Police Station	
<b>Vehicle Identification</b>	Chassis number	
	Engine number	
	Exterior colour	
	Interior colour	
	Details of scratches/dents/defects	
	Details of other features that would assist identification	
	Who is in possession of vehicle keys?	
<b>Declaration</b>	I/We hereby declare the above particulars to be true in every respect.	
	Signature of Insured _____	Date _____

*Acting on behalf of New National Assurance Company Limited FSP 2603 under a claims handling mandate*

Should you wish to contact your Insurer directly for complaints on your claim, please contact:



Mr Riaz Kader

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Fax Number : 011 646 7698

E-mail Address : riazk@nnac.co.za

Physical Address : 33 Oxford Road, Forest Town, Johannesburg, 2193