

Please print in block letters using black or blue ink.

**Old Mutual Short-Term Insurance Company (Namibia) Limited**

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**AGENT/BROKER**Policy no. Claim no. **DETAILS OF INSURED**Company name Name Surname  Initials Company registration no.  VAT registration no. Identity no.  Business or occupation Physical address Postal address Telephone numbers Work Home Cellular **DETAILS OF VEHICLE**Make Model Year Milage Registration number Vehicle identification number Chassis number Engine number Exterior colour Interior colour **DETAILS OF FINANCE COMPANY**Name  Branch Account number  Type of agreement Outstanding amount N\$ **DETAILS OF OWNER**Name Surname Identity number

## DETAILS OF THEFT

Date of theft 

D	D	M	M	Y	Y	Y	Y
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 Time of theft  Place where theft occurred

Police station where theft was report to  NAMPOL case number

Date reported 

D	D	M	M	Y	Y	Y	Y
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 Reported by

Circumstances of theft

Was the vehicle locked?

YES

NO

If "NO", please give reasons.

Details of stolen accessories **(please attach invoices)**

Are these accessories insured separately?

YES

NO

Anti-theft/Vehicle recovery device details **(please attach proof of advice)**

Make  Flitted by  Date fitted 

D	D	M	M	Y	Y	Y	Y
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Details of window markings

Number  Applied by whom

Details of scratches, dents, defects

Details of other features which would assist identification

**Please attach the vehicle keys, a copy of the registration certificate and the latest service invoice.**

## DECLARATION/AUTHORISATION

I/We declare that the above particulars are true in every respect.

Insured's signature

Capacity

Date

D	D	M	M	Y	Y	Y	Y
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