

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 Time of theft Place where theft occurred

Police station where theft was report to NAMPOL case number

Date reported 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 Fitted by Date fitted

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