



HURUDZA HOUSE, 14-16 NELSON MANDELA AVENUE, P.O. BOX 369, HARARE  
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 Website: [www.afcholdings.co.zw](http://www.afcholdings.co.zw)  
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## MOTOR THEFT NOTIFICATION

**1. INSURED  
ADDRESS**

**POLICY NO  
CONTACT PHONE:**

**2. VEHICLE DETAILS**

Make/Model	Reg Number	Year	Milage
Radio – Make / Model & Year		Speedometer	
Alarm Fitted – <b>Yes</b>	<b>No</b>	Amount of Fuel	

**3. GENERAL INFORMATION :**

N.B. "Operator" means person in whose custody keys were at the time of the theft.

- a) Operator's Name Contact Phone  
Address
- b) Did he have Insured's permission to operate vehicle?
- c) For what purpose was vehicle being used describe?
- d) Date reported to Police Which Police Station  
Police I/R No. or RRB No.

**NB certified copy of initial Police Report containing driver's statement must be attached**

- e) Was vehicle securely locked? **Yes** **No**
- f) Are keys still in your possession **Yes** **No** If "Yes", please give details
- g) Is the vehicle on hire purchase **Yes** **No** If Yes provide details below
- h) Hire Purchase amount owing to whom
- i) Is vehicle insured with any other company?
- j) Colour of Vehicle
- k) Any visible marks that will assist in identifying vehicle
- l) Do your suspicions rest on someone, **Yes** **No** if **Yes** give details

**4. LOSS DETAILS**

Detailed statement or circumstances leading to theft of vehicle

Date of Theft

Time

Place of Theft

Town

I

(full name on Insured/Operator) hereby declared that

and that the foregoing information is true and correct

Date

Signature of Operator

Date

Signature of Insured