

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  Mileage

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?    
If "NO", please give reasons.

Details of stolen accessories (please attach invoices)

Are these accessories insured separately?

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