

POLICE STATION: \_\_\_\_\_ Police Ref: \_\_\_\_\_ Date: \_\_\_\_\_

VEHICLE DETAILS	
Reg. No.	
Make	
Type	
Colour	
Year	
Log Book No.	
Engine No.	
Chassis No.	
Insurance Co.	
Certificate No.	

IF STOLEN FROM PAID DRIVER	
Driver Name	
P.O Box	
Town	
ID No.	
Driver Lic No.	
Age	
Location	
Village	
District	
No. of Years Service	
PIN No.	

OWNER DETAILS	
Name	
P.O Box	
Town	
PIN NO.	

**Persons who have access to the vehicle?**

Please tick all applicable below:

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Spouse  | <input type="checkbox"/> Servants         |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Family members   |
| <input type="checkbox"/> Drivers | <input type="checkbox"/> Others (specify) |

Date of Loss: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_ Town: \_\_\_\_\_

**Please answer questions below by ticking the appropriate box:**

Where did the theft take place?

- |  |                                      |  |  |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Residence       | <input type="checkbox"/> City Centre | <input type="checkbox"/> Private Parking | <input type="checkbox"/> Metered Parking |
| <input type="checkbox"/> Shopping Centre | <input type="checkbox"/> Basement    | <input type="checkbox"/> Hotel Parking   | <input type="checkbox"/> Other (specify) |

 Was the area fenced?  Yes  No

 Was there a watchman at the point of ENTRY?  Yes  No

 Was there a watchman at the point of EXIT?  Yes  No

 Was it a private watchman or from a security company?  Yes  No

If security company, name of company: \_\_\_\_\_

 Was any violence or threat of violence used?  Yes  No

If yes, please describe: \_\_\_\_\_

**ANTI-THEFT DEVICES**

What anti-theft devices were fitted to the vehicle:	1) _____	3) _____
	2) _____	4) _____
Were all anti-theft devices in working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were anti-theft devices activated before theft occurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of garage where vehicle was last serviced:	_____	
Date of last service:	_____	_____

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_