

**MOTORCYCLE THEFT CLAIM FORM**

Name of Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone #: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**DETAILS OF THEFT**

When was the motorcycle last seen before the theft? Date: \_\_\_\_\_ Time: \_\_\_\_\_  
How long had the motorcycle been left unattended prior to the theft? \_\_\_\_\_  
When was the theft first discovered? Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Place of Theft: \_\_\_\_\_  
Make and model of motorcycle: \_\_\_\_\_ Lic. No: \_\_\_\_\_ Year of motorcycle: \_\_\_\_\_  
How was it locked?  
Was the motorcycle U-Marked?  Yes  No  
When was the theft reported to the Police? Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Police Station where the report was made: \_\_\_\_\_  
Case No: \_\_\_\_\_  
If you suspect any person or persons please give their identity: \_\_\_\_\_  
Has anyone been apprehended in connection with the theft? \_\_\_\_\_  
Has the motorcycle been recovered? \_\_\_\_\_  
If so, when and where? \_\_\_\_\_  
Brief details of any damage sustained: \_\_\_\_\_  
Have repairs been professionally estimated? \_\_\_\_\_  
Present whereabouts of motorcycle: \_\_\_\_\_

**I HEREBY DECLARE THAT THE FOREGOING PARTICULARS ARE TRUE IN EVERY RESPECT**

**Signature of Insured:** \_\_\_\_\_ **Date:** \_\_\_\_\_