Cape Town Claims

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The Unit Commander
S A P Vehicle Theft Unit Cape Town
P O Box 6083
PAROW EAST
7500

DATE:

OUR REF :
YOUR REF :

Dear Sir

RE : STOLEN MOTOR VEHICLE

CLAIM NUMBER……. INSURED……..

STATION…….. CR/CAS……

1. On …… a claim with regard to undermentioned vehicle was received in this office.
2. To assist us in dealing with this claim, kindly complete the bottom section and return to this office.

REGISTRATION NUMBER …….. KEY NUMBER……

ENGINE NUMBER…….. V.I.N./CHASSIS NUMBER……

YEAR MODEL……. VEHICLE……..

OUR CLAIM NUMBER……

INDENTIFICATION MARKS……..

COMPLAINANT……

3. Your co-operation in this matter is appreciated.

Yours faithfully

MANAGER

FOR COMPLETION BY THE S A POLICE SERVICES

This is to certify that the above vehicle was reported stolen on …….

at Police Station …… under CR/CAS …….

* The vehicle HAS/HAS NOT been recovered. Vide Station……..

SAP13/ ……..

We confirm that your company's name and claim number has been entered into the S A Police computer.

Official date

Stamp ……

SIGNATURE, NUMBER, RANK

(* Please delete which is NOT APPLICABLE)