

### MOTOR THEFT/HIJACKING CLAIM FORM

#### **INSURED DETAILS**

Insured			
Address:			
		Code	
Occupation	Identity Number		
Broker Name	Policy Number		
Cell	Tel Number		
Fax	E-mail		
Employer	Work Number		
Work address:			
	C	Code	

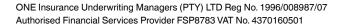
#### **REGISTERED OWNER OF VEHICLE**

Title, Initials & Surname		
Occupation	Identity Number	
Broker Name	Policy Number	
Cell	Tel Number	
Fax	E-mail	
Address:	,	
'		Code
Employer	Work Number	
Work address:	1	
		Code

# LAST DRIVERS DETAILS

Title, Initials & Surname		
Occupation	Identity Number	
Broker Name	Policy Number	
Cell	Tel Number	
Fax	E-mail	
Address:	1	
	Cod	de
Employer	Work Number	
Work address:	1	
1	Cod	de





# **VEHICLE INFORMATION**

Date Purchased	From Whom Purchased	
New or Second Hand	Make	
Model	Year of Manufacture	
Registration No.	Chassis No. (VIN)	
Engine No.	Exterior Colour	
Interior Colour	Kilos Completed	
Non-Standard Accessories with which ve	cle was equipped	
	<u>'</u>	
Scratches, Dents, Defects and Hidden Id	ntification Marks	

### **ANTI-THEFT DEVICES**

Туре			Make	Certifica	Certificate?	
Immobilizer	Yes	No		Yes	No	
Gearlock	Yes	No		Yes	No	
Satellite-Track- ing	Yes	No		Yes	No	
Other	Yes	No		Yes	No	

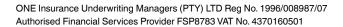
# **Financing Details**

Is Vehicle Currently Subject to:	Instalment-Sale Agreement	Yes	No
	Lease Agreement	Yes	No
And if so	Any other type of agreement	Yes	No
Name of Finance Company & Telephone No.			<u> </u>
Date Agreement entered into			
Account Number			
Amount Outstanding			

## **CIRCUMSTANCES OF LOSS**

	Date vehicle was parked		
	Time Parked		
	Place Parked		
Theft	Was Vehicle Locked?	Yes	No
	Where did driver go after parking vehicle?		
	Date theft was discovered		
	Time theft was discovered		





Time hija  Place hija location)  How mar how arme Driver or	acked (exact ny hijackers and		Yes Yes	No No
Place hija location) How man how armed Driver or If so, when of any	ny hijackers and ed passengers held hostage?			
location) How man how arms Driver or If so, whe	ny hijackers and ed passengers held hostage?			
how arms Driver or  If so, whe	ed passengers held hostage?			
If so, whe				
of any	re were they released?		Yes	No
s keys				
letails of accident			Date of report	
Police Ref				
			Branch code	)
Current (Cheque) (C	Cancelled cheque required)	Transmiss	ion	Savings
		·		
ulars are true and c	omplete in every respect.			
	Date:			
	culars are true and c		Current (Cheque) (Cancelled cheque required)  Transmissi	Current (Cheque) (Cancelled cheque required)  Transmission  sulars are true and complete in every respect.  Date:



