

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:			
		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:			
		Code	

LAST DRIVERS DETAILS

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

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 vehicle was equipped			
Scratches, Dents, Defects and Hidden Identification Marks			

ANTI-THEFT DEVICES

Type					Make	Certificate?			
Immobilizer	Yes		No			Yes		No	
Gearlock	Yes		No			Yes		No	
Satellite-Tracking	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	
	Any other type of agreement	Yes		No	
And if so					
Name of Finance Company & Telephone No.					
Date Agreement entered into					
Account Number					
Amount Outstanding					

CIRCUMSTANCES OF LOSS

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

Hijacking	Date vehicle hijacked				
	Time hijacked				
	Place hijacked (exact location)				
	How many hijackers and how armed				
	Driver or passengers held hostage?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, where were they released?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Names and Telephone Numbers of any passengers or witnesses.					
Who is in possession of vehicle's keys (or spare keys if hijacked)?					

POLICE

Name of Officer who recorded details of accident			Date of report	
Police Station			Police Ref no	

BANKING DETAILS

Bank				Branch code	
Branch Name and Town:					
Account Number:					
Type of Account (Please tick the applicable box)	Current (Cheque) (Cancelled cheque required)	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Savings
Please Indicate Name Of Account Holder					

Declaration

I / we declare that these particulars are true and complete in every respect.

Signed at: _____ Date: _____

Full Name: _____

Signature