



MOTOR THEFT/HIJACKING CLAIM FORM

POLICYHOLDER DETAILS

Policyholder			
Policy Number		Cell Number	
Email		Tel Number (W)	
Business Address			
		Code	

REGISTERED OWNER OF VEHICLE (if not the same as policyholder)

Name & Surname			
Tel Number (H)		Cell Number	
Email		Tel Number (W)	
Home Address			
		Code	
Work Address			
		Code	

DRIVER'S DETAILS (if not the same as policyholder or registered owner)

Name & Surname			
Tel Number (H)		Cell Number	
Email		Tel Number (W)	
Home Address			
		Code	

VEHICLE INFORMATION

New or Second Hand		Make	
Model		Year of Manufacture	
Registration No.		Chassis No. (VIN)	
Engine No.		Exterior Colour	
Non-Standard Accessories with which vehicle was equipped			
Scratches, Dents, Defects and Hidden Identification Marks			

ANTI-THEFT DEVICES

Make of device		Fitted by		Date fitted	
Details of window markings		Applied by whom		Number	

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					
Account Number					

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)				
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	

PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

ONE

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: _____ Date: _____

Full Name: _____ ID Number: _____

Signature

Designation

Additional documents required:

- Copy of police report