MOTOR THEFT / HIJACKING CLAIM FORM

Policy details

Insurer	
Broker	
Policy No.	
Claim No.	

Insured details

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

Registered Owner of Vehicle

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

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Registered Owner of Vehicle

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

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	
Standard Accessories with which vehicle was equipped	
Scratched, Dents, Defects and Hidden Identification Marks	

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Anti-theft Devices

Type			Make		Certificate?	
Immobiliser	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 And if so?	Instalment-Sale Agreement	Yes ◯	No ◯
	Lease Agreement	Yes ◯	No ◯
	Any type of Agreement	Yes ◯	No ◯

Name of Finance Company and Telephone No.	
Date agreement entered into	
Amount Outstanding	
Account Number	

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Circumstances of Loss

Theft	Date Vehicle was Parked			
	Time Parked			
	Place Parked			
	Was Vehicle Locked?		Yes ◯	No ◯
	Where did the driver go after parking the car?			
	Date theft was discovered			
	Time theft was discovered			
Description of Incident				

Hijacking	Date Vehicle was Hijacked			
	Time Hijacked			
	Place Hijacked (exact location)			
	How many hijackers / how armed?			
	Driver or Passenger Held Hostage?		Yes ◯	No ◯
	If so, where were they released?			
Names and Telephone Numbers of Any Passengers or Witnesses.				
Who is in position of vehicle keys? (or spare keys if hijacked)				

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Description of Incident

Report to Police

Police Station			
Telephone Number			
Reference Number			
Date		Time	

Registered Owner of Vehicle

It is recommended that any amount payable to you be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this please provide the following information:

Quote		Bank		Branch Code			
Branch Name and Town							
Account Number							
Type of Account (please tick applicable box)	Current (cancelled cheque required)		Transmission		Savings		
Please Indicate Name of Account Holder							

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Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Signed at ..... on this ..... day of .....

Name: ..... Witnessed by: .....

Capacity: ..... Signature: .....