Motor Theft / Hijacking Claim Form

Policy details

Insurer	
Broker	
Policy number	
Claim number	

Insured details

Title, Initials & Surname	
Occupation	
Identity number	
Residential address	
Employer name	
Work address	

Tel (work)	Cell

Registered owner of vehicle

Title, Initials & Surname	
Occupation	
Identity number	
Residential address	
Employer name	
Work address	

Tel (work)	Cell

Vehicle information

Date purchased	
From whom purchased	
New or second hand	
Make	
Model	
Year of manufacture	
Registration number	
Chassis number (VIN)	
Engine number	
Exterior colour	
Interior colour	
Kilos completed	

Standard accessories with which vehicle was equipped

Scratches, dents, defects and hidden identification marks

Anti-theft devices

Device	Fitted?	Make	Certificate?
Immobiliser	○ Y ○ N		○ Y ○ N
Gearlock	○ Y ○ N		○ Y ○ N
Satellite tracking	○ Y ○ N		○ Y ○ N
Other (specify)	○ Y ○ N		○ Y ○ N

Financing details

Is the vehicle currently subject to an instalment-sale agreement?	Y	N
Is the vehicle currently subject to a lease agreement?	Y	N
Is the vehicle currently subject to any other type of agreement?	Y	N

If yes to any of the above, please complete the following.

Name of finance company and telephone no.		
Date agreement entered into		
Amount outstanding	R	
Account number		

Circumstances of the loss: theft

Complete this section for a theft. Complete the next section for a hijacking.

Date vehicle was parked		
Time parked		
Place parked		
Was the vehicle locked?	Y	N
Where did the driver go after parking the car?		
Date theft was discovered		
Time theft was discovered		

Description of incident

Circumstances of the loss: hijacking

Date vehicle was hijacked	
Time hijacked	
Place hijacked (exact location)	
How many hijackers / how armed?	
Was the driver or a passenger held hostage?	○ Y ○ N
If so, where were they released?	

Names and telephone numbers of any passengers or witnesses

Who is in possession of the vehicle keys? (or spare keys if hijacked)

Description of incident

Report to police

Police station	
Telephone number	
Reference number	
Date	
Time	

Payment details: 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
Name of account holder	

Declaration

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

Signed at		Date	
Name			
Capacity			
Witnessed by			
Signature		Date	