

MOTOR THEFT / HIJACKING CLAIM FORM

INSURER			BROKER		
POLICY NUMBER			BROKER CONTACT DETAIL		
INSURED	NAME		INSURED CONTACT :		
	OCCUPATION / BUSINESS DESCRIPTION		INSURED TEL / CEL NR.		
	ADDRESS		INSURED EMAIL :		
LOSS DETAIL	Date of Loss :		Time of Loss :		
	When was loss discovered ?				
	Was Vehicle Locked ?				
	Place where loss occurred ?				
VEHICLE DETAILS	Vehicle Make		Year of Manufacture		
	Vehicle Model		Registered Owner		
	Registration Number		Odometer Reading		
	VIN Number		Engine Number		
	Value		Date of Purchase		
	Is vehicle Financed ?		Finance Company		
	Outstanding Balance		Finance Account No.		
	Total Value of Accessories		Vehicle Colour		
	Identifying Marks		Window Markings		
	Anti-Theft Devices ?		Data Dot Marking ?		
	Details of Accessories & After Market Extra's. (*Proof required*)				
Who is now in possession of keys /spare keys ?					
POLICE DETAILS	Date Reported		Case Number		
	Police Station				
DESCRIPTOIN OF THEFT / HIJACKING	Please describe fully how Loss occurred.				
VEHICLES RECOVERED	If vehicle has been recovered, where is the vehicle now ?				
	Contact Details to inspect vehicle. (*Recovered Vehicles*)				
	Are there any visible damage to the vehicle ? (*If YES, Please provide detail of such damages*)				
	Estimate for Repairs. (*Please provide Quotation if possible*)				
PREVIOUS LOSS / DAMAGE HISTORY	Have you previously suffered a loss ?				
	If YES, please provide details thereof :				
	If Insured, provide Details :				
OTHER INSURANCE	Is there any other Insurance policy covering this Loss / Damage ?				
	If YES, please provide Name of Insurer & Policy Number.				
DECLARATION					
I / We solemnly declare that I / We have suffered loss of or damage to the vehicle as detailed herein in the circumstances as described.I /We further declare that the particulars supplied above are true in all respects.					
Insured Signature			Date (YYYY / MM / DD)		
Capacity					