

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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Last Driver Details

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			
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 And if so	Instalment-Sale Agreement	Yes		No
	Lease Agreement	Yes		No
	Any Other Type of Agreement	Yes		No
Name of Finance Company & Telephone No.				
Date Agreement entered into				
Account Number				
Amount Outstanding				

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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 vehicle?					
	Date theft was discovered					
	Time theft was discovered					
Description of Incident						

Hijacking	Date vehicle hijacked					
	Time hijacked					
	Place hijacked (exact location)					
	How many hijacker and 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 possession of vehicle's keys (or spare keys if hijacked)?						

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Description of Incident

Report to Police

Police Station			
Telephone Number			
Reference Number			
Date		Time	

Authority for Payment

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 the applicable box)	<input type="checkbox"/>	Current (Cancelled cheque required)	<input type="checkbox"/>	Transmission	<input type="checkbox"/>
Please Indicate Name of Account Holder					

Declaration

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

Dated _____ / _____ / 20_____

Signed at _____ this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____ Signature: _____