

Policy Details					
Insurer					
Broker					
Policy No.					
Claim No.					
Insured Details					
Title, Initials & Surna	ame				
Occupation					
Identity Number					
Residential Address					
Employer Name					
Work Address					
Telephone Number	S	Work	Cell		
Registered Owner of	of Vehicl	e			
Title, Initials & Surna	ame				
Occupation					
Identity Number					
Residential Address					
Employer Name					
Work Address					
Telephone Number	·s	Work	Cell		



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

Туре			Make	Certifica	ate?
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	Instalment-Sale Agreement	Yes	1	No	
And if so	Lease Agreement	Yes	1	No	
	Any Other Type of Agreement	Yes	1	No	
Name of Finance Company & Telephone No.			1		
Date Agreement entered into					
Account Number					
Amount Outstanding					



Circumstances of Loss								
	Date vehicle	Date vehicle was parked						
	Time Parked							
	Place Parked							
Theft	Was Vehicle I	_ocked?		Yes	No			
	Where did the parking vehic	e driver go after :le?						
	Date theft wa	Date theft was discovered						
	Time theft wa	as discovered						
Description of Incident								
	Date vehicle							
	Time hijacke							
Hijacking		Place hijacked (exact location) How many hijacker and how armed?						
		Driver or passenger held hostage?			No			
	If so, where v	were they released?						
Names and Telephone Number	s of any passengers or witn	esses.						
Who is in possession of vehicle'	s keys (or spare keys if hijac	cked)?						



Description of Ir	ncident									
Report to Police										
Police Station										
Telephone Number										
Reference Number										
Date					Time					
	ed that any			ansmitted by Electronic Ba de the following informatic		nsfer fo	r speedi	er set	tlement an	ıd
Quote			Bank		Brand					
Branch Name an	d Town		•		•					
Account Number										
Type of Account applicable box)	: (Please tic	k the	Current (Ca	ancelled cheque required)		Transm	nission		Savings	
Please Indicate N Account Holder	Name of									



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:	