

Motor Theft / Hijack Claim Form

	Claim No.	
	Policy No.	
BROKER AGENT	Name	
	Claim Ref.	
INSURED	Name of Insured	
	ID No.	
	Occupation	
	Physical Address	
	License Details	
	Contact No's.	Business
		Home
		Mobile
VEHICLE DETAILS	Make	
	Model	
	Year	
	Registration No.	
	Odometer Reading	
	Chassis No.	
	Engine No.	
	VIN	
	Exterior Colour	
	Interior Colour	

VEHICLE FINANCE	Finance House			
	Branch			
	Account No.			
	Type of Agreement			
THEFT	Date	Time	Place	
	Police Station	Date Reported		Case No
	Was the vehicle locked? If not give reason(s)			
	Circumstances			
	Details of Accessories			
	Anti-Theft device			
	Please attach proof of device			
	Window marking	Number		
		Applied by:		
	Detail of scratches, dents or other defects			
	Other details which would assist identification			
	Please submit the vehicles keys, registration certificate and copy of the last service invoice			
I / We hereby declare that the foregoing particulars to be true in every respect.				
DECLARATION	Signature of driver	Date		
	Signature of owner	Date		Capacity