

Dear Business Partner

January 2011

## Stolen vehicle and hijacking form

We have introduced a new form for all stolen vehicle and hijacking claims which will be important to ensure these claims are processed efficiently. We need your assistance in ensuring that the form is completed and sent back to us via email to [documents@santam.co.za](mailto:documents@santam.co.za) or via fax to 0860 112 240 as soon as possible after the registration of these claims. *(The form is attached below)*

The form has also been made available on our Online services website and can be located as follow *Claims > forms > registration forms.*

Please contact your Claims Handler if you have any questions.

Kind regards

Management team: Claims Services

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**DIREKTEURE • DIRECTORS:** VP KHANYILE Voorsitter • Chairman IM KIRK Uitvoerende Hoof • Chief Executive  
B CAMPBELL MD DUNN BTPKM GAMEDZE DCM GIHWALA JG LE ROUX DR NM MAGAU  
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Uitvoerend • Executive MJ REYNEKE  
Maatskappysekretaris • Company Secretary S BRAY

Reg No 1918/001680/06 SANTAM BPK/LTD

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## STOLEN VEHICLE and HI-JACKING FORM COVER LETTER

TO  
ATTENTION  
FAX NUMBER  
E-MAIL

FROM

FAX NUMBER

E-MAIL

ADDRESS FOR REGISTERED MAIL

ADDRESS FOR DELIVERY/COURIER

0860 112 240

[documents@santam.co.za](mailto:documents@santam.co.za)

Private Bag X3131, Bedfordview, 2007

3 Bedford Plaza, 18 Skeen Boulevard, Bedfordview

(Refer to point 1-7)

(Refer to point 1-7)

(Refer to point 8)

(Refer to point 8)

DATE

CLAIM NUMBER

INSURED

### SANTAM MERIETE TAK

3 BEDFORDVIEW PLAZA  
SKEENBOULEVARD 18  
BEDFORDVIEW 2008  
PRIVAATSAK X3131  
BEDFORDVIEW 2007  
TEL 011 409 8200  
FAKS 0860 112 240  
WEB [www.santam.co.za](http://www.santam.co.za)

### SANTAM MERIT BRANCH

3 BEDFORDVIEW PLAZA  
18 SKEEN BOULEVARD  
BEDFORDVIEW 2008  
PRIVATE BAG X3131  
BEDFORDVIEW 2007  
TEL 011 409 8200  
FAX 0860 112 240  
WEB [www.santam.co.za](http://www.santam.co.za)

Attached, find a stolen vehicle statement to be thoroughly completed and signed by the Insured only.

In order to finalise the claim, the following will be required:

1. A copy of the ID of the user of the vehicle prior to the loss.
2. If the vehicle was registered to a business, and stolen after hours, a letter is required explaining the reason for use of the vehicle after hours, by whom it was used and how long the person is employed by Insured.
3. A copy of the registration/licence document of the stolen/hijacked vehicle.
4. A copy of the latest service record on vehicle.
5. If possible, a copy of the SAPS A1 statement made when loss was reported.
6. If the vehicle is still under hire purchase, a copy of the last hire purchase account on the vehicle. We need to apply to the Financial Institution for the original deregistration document.
7. Forward above documentation to [documents@santam.co.za](mailto:documents@santam.co.za) or submit to your local Santam Branch.
8. The original deregistration document, full set of keys of the vehicle (immobiliser jack plugs/alarm remotes and lock keys) must be handed to the assessor.

#### IMPORTANT NOTICE

Santam will only settle the claim on receipt of the original deregistration document, full set of keys and all of the above requested documentation and should the policy requirements be met.

Should you have any queries, please do not hesitate to contact me.

Kind Regards

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**STOLEN VEHICLE/HIJACKING INFORMATION FORM**

Mark with "x"

Claim Type			
Theft		Hijacking	

A- Client/Claim/Policy details ( For office use only – to be completed prior to sending to client )			
Claim Number		Section	Item
Policy Number			
Policy Inception Date		Item Inception Date	
Insured		Insured ID Number	
Item Description on Policy			
Type of Cover			

Section B-E to be completed by insured – all information compulsory / Section F only to be completed on Hijacking

B – Insured / Broker Details			
Insured Contact Details			
Tel / Cell		Fax	
E-Mail			
Broker Contact Details			
Tel / Cell		Fax	
E-Mail			

C – Vehicle Details			
Make		Model	
Year		Registration Number	
Engine Number		VIN Number	
Odometer Reading		Colour	
Vehicle Status			
Safety Devices		Activated	

D – Event Details			
Is the vehicle registered to the insured above?			
If no , provide reason			
If no, who is registered owner?			
Tel / Cell		Fax	
E-mail			
Address			
What purpose is the vehicle usually used for ?			
Who is the usual driver?			
If stolen, who parked the vehicle?			
If hijacked, who was the driver?			
ID Number			
Occupation			
Date vehicle parked/hijacked		Time vehicle parked/hijacked	
Detailed address where vehicle was parked / hijacked			
Detailed description of event			
Who discovered the theft?			
Date		Time	
Who reported the theft/hijack to SAPS?			
Date		Time	

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Police Station		Case Number	MAS/CAS
SAPS Circulation Number			
Was the vehicle equipped with any safety devices, supply detail?			
If other, specify			
How is system activated/deactivated?			
Who installed the system?		When	
Contact Details			
Was the system activated at the time of theft/hijacking?			
If tracking system, date and time tracking company informed			
If no, provide reason			
When was vehicle purchased?		Where	
Purchase Price			
Finance House		Account Number	
Are payment up to date?			
Who services the vehicle?		Date of last service	
Odometer reading of last service			
Contact person		Contact Detail	
How many keys do you have of the vehicle?			
If only one (1), provide reason			
Were any duplicate keys made?			
When		Where	
Are there any identification marks on the vehicle? (not old damage)			
If yes, specify			

**E- Condition of vehicle**

**EXTERIOR**

I.e. Rust on the body (where on the body and the extent of the rust; any accident damages/dents/scratched and the cause thereof; tyre thread and make of tyres; stone chips/cracks on windscreen – supply window code if available; any faded paint


**INTERIOR**

(Cloth/leather upholstery, colour of upholstery, loose tears/damages to the upholstery, seat covers – colour, make when and where purchased, front/rear seats with/without headrests)


**MECHANICAL**

(Oil usage, detailed description of previous mechanical problems on vehicle)


**ADDITIONAL EXTRAS ON VEHICLE**

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(Proof of any after market extras fitted to the vehicle with detailed description of item, model/make, when and by whom installed, purchase price, instruction manuals)


**F – Additional Hijacking information – complete this section when hijacking is applicable**

**Where were you (insured) at the time of the hijacking?**


**Describe any detail with regards to the Hijackers (number of person/s involved and their description**


**Was any weapons used?**


**Was any other vehicle used by Hijackers, describe if possible?**


**Specify any stock of goods that was in the vehicle**


I will give my full co-operation to the SAPS and Santam Limited should the vehicle be recovered. Should I fail, all payments in respect of this claim will be refunded to Santam Limited. It is also understood that the value of my vehicle has been calculated according to the above description and that the condition of the mentioned vehicle be found not to be as described, Santam Limited retains the rights to recover any unjustified amounts paid to myself.

Signed at .....on .....

.....  
SIGNATURE

.....  
NAME IN PRINT

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