

MOTOR THEFT/HIJACKING CLAIM FORM



Brokers Name _____ Policy number _____

1 THE INSURED

Surname and initials _____ ID number _____

Occupation or business _____

Physical address _____

Contact numbers (h) _____ (w) _____

© _____ (f) _____

2 VEHICLE

Make _____ Model _____ Year _____

Year _____ KM completed _____

Date of last service _____ Where serviced _____

Registration Number _____ VIN number _____

Chassis Number _____ Engine number _____

Exterior colour _____ Interior colour _____

Registered owner _____ ID number _____

3 FINANCE COMPANY

Name _____ Branch _____

Account number _____ Type of agreement _____

Outstanding amount R _____

4 DETAILS OF LOSS

Date, time and place of theft of theft _____

SAP crime case # _____ Date reported _____

Name of police Station _____ Reported by _____

Please provide full details/circumstances of theft/hijacking _____

DETAILS OF LOSS CONTINUED ...

Was vehicle locked? _____ If not, please give reasons _____

Details of stolen accessories (please attach invoices) _____

Where is the vehicle usually parked overnight? _____

5 ANTI-THEFT DEVICE DETAILS (PLEASE ATTACH PROOF OF DEVICE)

Make _____ Fitted by _____

Date installed _____

6 ADDITIONAL INFORMATION

Details of window markings: _____ Number _____

Details of dents, scratches, defects or other features that would assist with identification:

Please list all previous claims or losses in the past 5 years: _____

DECLARATION & STATEMENT

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I /We consent to such information being disclosed to any other insurance company or its agent. I/we also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent.

I/We further declare that all particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

DATE _____ **SIGNATURE OF INSURED** _____

Herewith a list of some of the claim documentation that must be supplied to the loss adjustor:

- 1 Original and duplicate motor vehicle keys
- 2 Anti-theft device certificate
- 3 Original copy of the vehicle registration certificate
- 4 Copy of last service invoice
- 5 SAP letter of non-recovery